#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,689

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR CASH GR	AN'I'	- AGED	AID CODE			
						MON		
6,453 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,003	73 , 838	\$	2,049,153.76	\$ 27.75	11.442 \$	409.59	\$ 317.55
@PHYSICIANS SERVICES	941	2,346	\$	38,134.16	\$ 16.25	.364	40.53	\$ 5.91
OUTPATIENT VISITS	19	32		816.10	25.50	.005	42.95	.13
OFFICE VISITS	19	32		816.10	25.50	.005	42.95	.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	2		125.90	62.95	.000	125.90	.02
HOSPITAL VISITS	1	2		125.90	62.95	.000	125.90	.02
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	14		542.11	38.72	.002	49.28	.08
EXAMINATIONS	11	14		542.11	38.72	.002	49.28	.08
SERVICES AND MATERIALS	0	0		.00	.00	.002	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0					.00	
ANESTHESIOLOGIST	7			.00	.00	.000		.00
OUTPATIENT SURGERY	,	22		3,650.21	165.92	.003	521.46	.57
PRINCIPAL SURGEON	6	6		3,296.33	549.39	.001	549.39	.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	16		353.88	22.12	.002	117.96	.05
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		48.20	48.20	.000	48.20	.01
RADIOLOGY	11	11		401.83	36.53	.002	36.53	.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		27.52	13.76	.000	27.52	.00
OTHER SERVICES/ALL X-OVERS	906	2,262		32,522.29	14.38	.351	35.90	5.04
@PHARMACY	4,059	31 , 952	\$	1,062,778.88	\$ 33.26	4.951		\$ 164.70
PRESCRIPTION DRUGS	4,016	15 , 078		1,032,548.44	68.48	2.337	257.11	160.01
SNF/ICF	64	309		17,145.09	55.49	.048	267.89	2.66
OUTPATIENTS	3 , 960	14,769		1,015,403.35	68.75	2.289	256.41	157.35
MEDICAL SUPPLIES	344	16,874		30,230.44	1.79	2.615	87.88	4.68
@DENTIST	123	375	\$	20,637.68	\$ 55.03	.058	167.79	\$ 3.20
VISITS - DIAGNOSTIC	85	214		3,336.00	15.59	.033	39.25	.52
ORAL SURGERY	16	27		1,577.00	58.41	.004	98.56	.24
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.03
ENDODONTICS	2	3		561.00	187.00	.000	280.50	.09
RESTORATIVE DENTISTRY	28	67		6,482.00	96.75	.010	231.50	1.00
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	24	61		8,451.68	138.55	.009	352.15	1.31
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
1111 011111 011(11010	0	0		.00	• 0 0	.000		• 0 0

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,690 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MENDOCINO COUNTI	SUMMARI OF SERV	ICES FOR CASI	n GRA	71/1 —	AGED		AID CODE		0.TT		с г	
6 452 51 5655 56						3.7.7		M			GE.	
6,453 ELIGIBLES	USERS	UNITS OF SERV			EXPENDITURES		ERAGE COST					COST PER
O O DECAMEED TOE	110	OR DAYS OF (÷	F 000 07		R UNIT/DAY	_		USER	Ċ	ELIGIBLE
@OPTOMETRIST	112	31(\$	•	\$.048	Þ	52.94	Ş	.92
DIAGNOSTIC AND ANC. PROCED	19	19			929.21		48.91	.003		48.91		.14
EYE APPLIANCES	85 33	248			4,331.95		17.47	.038		50.96		.67
OTHER OPTOMETRIC SERVICES		43		_	667.71	_	15.53	.007	_	20.23	_	.10
@CHIROPRACTOR	5			\$	88.48	\$	9.83	.001	Ş	17.70	Ş	.01
VISITS	3		4		66.88		16.72	.001		22.29		.01
OTHER SERVICES	2		5	_	21.60	_	4.32	.001	_	10.80	_	.00
@PODIATRIST	80	228		\$	2,954.13	\$	12.96	.035	Ş	36.93	Ş	.46
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	80	228			2,954.13		12.96	.035		36.93		.46
@HOME HEALTH AGENCY	0	(\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	13	4.9		\$	199.34	\$	4.07	.008		15.33		.03
NURSE MIDWIFE	0		0	\$		\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER				\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0			\$		\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	634	2,199		\$	173,180.24	\$	78.75	.341	\$		\$	26.84
HOSP INPATIENT TOTAL	87	411			129,943.23		316.16	.064		1493.60		20.14
HSC HOSPITALS	3	10			9,660.96		966.10	.002		3220.32		1.50
NON-HSC HOSPITAL TOTAL	8	22			63,376.73		966.10 2880.76 791.90	.003		7922.09		9.82
ACCOMMODATIONS	8 8 0	22			17,421.70		791.90	.003		2177.71		2.70
ADMINISTRATIVE DAYS	0	(.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	(-		.00		.00	.000		.00		.00
ALL OTHER ACCOM		22			17,421.70		791.90	.003		2177.71		2.70
ANCILLARIES	8	(45,955.03		.00	.000		5744.38		7.12
INPATIENT CROSSOVERS	76	379			56 , 905.54		150.15	.059		748.76		8.82
ALL OTHER INPATIENT	0	(.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	585	1,788			43,237.01		24.18	.277		73.91		6.70
MEDICAL	9	13			171.23		15.57	.002		19.03		.03
SURGERY	3		3		399.92		133.31	.000		133.31		.06
PATHOLOGY	21	5 (805.93		14.39	.009		38.38		.12
RADIOLOGY	7		6		784.87		130.81	.001		112.12		.12
ROOM USE	4		7		402.18		57.45	.001		100.55		.06
CROSSOVERS/ALL OTH OUTPTNT		1,705			40,672.88		23.86	.264		72.24		6.30
@COUNTY HOSPITAL TOTAL	7	12		\$		\$	515.74		\$	884.13	\$.96
CO HOSPITAL INPATIENT TOTAL	1		5		5,908.45		1181.69	.001		5908.45		.92
HSC HOSPITALS	1	Ţ	5		5,908.45		1181.69	.001		5908.45		.92
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6		7		280.43		40.06	.001		46.74		.04
MEDICAL	0		0		8.17		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0	(0		.00		.00	.000		.00		.00

01/17/03

RADIOLOGY 0 0 7.84 .00 .000 .00 .00 .000 0 0 23.68 .00 .00 .00 ROOM USE 7 .001 6 240.74 34.39 40.12 .04 CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,691 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 1

MENDOCINO COUNTY	SUMMARY OF SERVICE	CES FOR CASH GRAN	NT - AGED			AID CODE	10					
								- M	IONT	HLY AVERA	GE	
6,453 ELIGIBLES	USERS (JNITS OF SERVICE	EXP	ENDITURES	AVER	RAGE COST	UNITS/	DAY	S	COST PER		COST PER
•		OR DAYS OF CARE					PER E			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	627	2,187	5 1	66,991.36	\$	76.36	. 3	39	\$	266.33	\$	25.88
COMM HOSP INPATIENT TOTAL	86	406	1	24,034.78		305.50		63		1442.26		19.22
HSC HOSPITALS	2	5		3,752.51		750.50		01		1876.26		.58
NON-HSC HOSPITALS TOTAL	8	22		63,376.73		880.76		03		7922.09		9.82
ACCOMMODATIONS	8	22		17,421.70		791.90		03		2177.71		2.70
ADMINISTRATIVE DAYS	0	0		.00		.00		00		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		00		.00		.00
ALL OTHER ACCOM	8	22		17,421.70		791.90		03		2177.71		2.70
ANCILLARIES	8	0		45,955.03		.00		00		5744.38		7.12
INPATIENT CROSSOVERS	76	379		56,905.54		150.15		59		748.76		8.82
ALL OTHER INPATIENT	0	0		.00		.00		00		.00		.00
COMM HOSP OUTPATIENT TOTAL	579	1,781		42,956.58		24.12		76		74.19		6.66
MEDICAL	9	11		163.06		14.82		02		18.12		.03
SURGERY	3	3		399.92		133.31		00		133.31		.06
PATHOLOGY	21	56		805.93		14.39		09		38.38		.12
RADIOLOGY	7	6		777.03		129.51		01		111.00		.12
ROOM USE	4	7		378.50		54.07		01		94.63		.06
CROSSOVERS/ALL OTH OUTPTNT	•	1,698		40,432.14		23.81		63		72.59		6.27
@STATE HOSPITAL	0			.00	\$.00		00	ċ	.00	Ś	.00
MENTALLY ILL	0	0 .	?	.00	Ą	.00		00	Ą	.00	Ą	.00
	0	0								.00		
DEVELOP. DISABLED	55	•	5 1	.00 66,299.12	\$.00 131.46		00	\$	3023.62	Ś	.00 25.77
@NURSING FACILITY	0	1,265 S) 1	•	Ş			96 00	Ą	.00	Ą	
LEV A-INTERMEDIATE	0	0		.00		.00						.00
LEV B-REHAB MD	0	U		.00		.00		00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	-		.00		.00		00		.00		.00
LEV B-TRANSITIONAL IP CARE		0	1	.00		.00		00		.00		.00
LEV B-REGULAR	55	1,265		66,299.12		131.46		96	<u> </u>	3023.62	<u> </u>	25.77
@INTERMEDIATE CARE FACILDD	0	0 9	?	.00	\$.00		00	\$.00	\$.00
ICF DDH	U	0		.00		.00		00		.00		.00
ICF DD	U	0		.00		.00		00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		00		.00		.00
@HEMODIALYSIS TOTAL	38		\$	19,197.11	\$	426.60		07	\$	505.19	\$	2.97
HOSPITAL BASED	0	0		.00		.00		00		.00		.00
HEMODIALYSIS CENTER	38	45		19,197.11		426.60		07	<u> </u>	505.19	<u> </u>	2.97
@REHABILITATION FACILITY	0		5	12.81	\$	12.81		00	Ş		\$.00
HOSPITAL BASED	0	1		12.81		12.81		00		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00		00		.00		.00
@LABORATORY FACILITY	5		5	202.60	\$	12.66		02	Ş	40.52	\$.03
PATHOLOGY	2	11		126.15		11.47		02		63.08		.02
XO AND OTHERS	3	5	_	76.45	_	15.29		01	_	25.48	_	.01
@ORGANIZED OUTPATIENT CLINIC	1,784	- /	5 1	60,345.74	\$	49.25		05	Ş	89.88	Ş	24.85
CLINIC	1	1		46.43		46.43		00		46.43		.01
SURGICENTER	12	19		2,327.82		122.52		03		193.99		.36
HEROIN DETOX CLINIC	0	0		.00		.00		00		.00		.00
RURAL HEALTH CLINIC	1,777	3,236		57,971.49		48.82		01		88.90		24.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN 2	2002 TF	RU	DEC	2002	P	AGE 6,692

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

					MON	THLY AVERAC	GE
6,453 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,478	31 , 787 \$	399,194.60	\$ 12.56	4.926 \$	270.09	\$ 61.86
DURABLE MED. EQUIP.	42	119	25 , 505.77	214.33	.018	607.28	3.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	66	5,143.70	77.93	.010	139.02	.80
MEDICAL TRANSPORTATION	71	2,042	12,914.90	6.32	.316	181.90	2.00
AMBULANCES/AIR TRANS	5	8	590.61	73.83	.001	118.12	.09
OTHER TRANS	13	1,257	7,163.50	5.70	.195	551.04	1.11
OTHER SERVICES	53	777	5,160.79	6.64	.120	97.37	.80
ACUPUNCTURE	168	429	7,282.68	16.98	.066	43.35	1.13
ADULT DAY HEALTH CARE CTR	75	799	53,126.65	66.49	.124	708.36	8.23
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	676	4,952	235,560.53	47.57	.767	348.46	36.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	133	331	4,564.42	13.79	.051	34.32	.71
PHYSICAL THERAPIST	30	275	4,691.89	17.06	.043	156.40	.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	338.39	30.76	.002	84.60	.05
PROSTHETICS	4	11	338.39	30.76	.002	84.60	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	59.11	59.11	.000	59.11	.01
SPEECH AND AUDIOLOGY	77	171	20,034.27	117.16	.026	260.19	3.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	515	22 , 590	29,969.18	1.33	3.501	58.19	4.64
@CALIF. CHILDREN SERVICES*	1	200 \$		\$.26	.031 \$		•
@XOVER EXCLUDING STATE HOSP**	1,780	10,658 \$	207,943.75	\$ 19.51	1.652 \$	116.82	\$ 32.22

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,693
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MONTHLY AVERAGE					
761 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	621	59 , 802	\$	641,894.72	\$ 10.73	78.583	\$ 1033.65	\$ 843.49			
@PHYSICIANS SERVICES	160	642	\$	25,059.47	\$ 39.03	.844	\$ 156.62	\$ 32.93			
OUTPATIENT VISITS	34	46		1,856.80	40.37	.060	54.61	2.44			
OFFICE VISITS	26	37		1,498.74	40.51	.049	57.64	1.97			
HOME VISITS	0	0		.00	.00	.000	.00	.00			
EMERGENCY ROOM	5	5		205.80	41.16	.007	41.16	.27			
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00			
OTHER OUTPATIENT	4	4		152.26	38.07	.005	38.07	.20			
INPATIENT VISITS	5	17		767.08	45.12	.022	153.42	1.01			
HOSPITAL VISITS	5	16		734.62	45.91	.021	146.92	.97			
CRITICAL CARE	0	0		.00	.00	.000	.00	.00			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	1	32.46		32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	6	7	379.79		54.26	.009	63.30	.50
EXAMINATIONS	6	7	379.79		54.26	.009	63.30	.50
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72	2,310.18		32.09	.095	385.03	3.04
PRINCIPAL SURGEON	3	3	1,101.27		367.09	.004	367.09	1.45
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	4	69	1,208.91		17.52	.091	302.23	1.59
OUTPATIENT SURGERY	19	90	10,229.33		13.66	.118	538.39	13.44
PRINCIPAL SURGEON	14	33	9,057.41	2	274.47	.043	646.96	11.90
ASSISTANT SURGEON	1	1	118.02		18.02	.001	118.02	.16
ANESTHESIOLOGIST	5	56	1,053.90		18.82	.074	210.78	1.38
DIALYSIS	11	37	3,644.24		98.49	.049	331.29	4.79
PATHOLOGY	4	7	239.01		34.14	.009	59.75	.31
RADIOLOGY	29	54	2,826.95		52.35	.071	97.48	3.71
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	90	312	2,806.09		8.99	.410	31.18	3.69
@PHARMACY	501	25 , 106	\$ 212,263.85	\$	8.45	32.991	\$ 423.68	\$ 278.93
PRESCRIPTION DRUGS	492	2,352	192,596.27		81.89	3.091	391.46	253.08
SNF/ICF	29	342	16,666.30		48.73	.449	574.70	21.90
OUTPATIENTS	466	2,010	175 , 929.97		87.53	2.641	377.53	231.18
MEDICAL SUPPLIES	117	22,754	19,667.58		.86	29.900	168.10	25.84
@DENTIST	19	77	\$ 1,965.00	\$	25.52	.101	\$ 103.42	\$ 2.58
VISITS - DIAGNOSTIC	14	48	711.00		14.81	.063	50.79	.93
ORAL SURGERY	1	4	159.00		39.75	.005	159.00	.21
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	1	4	.00		.00	.005	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20	995.00		49.75	.026	124.38	1.31
PROSTHETICS	0	0	.00		.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,694
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES F	OR CASH GRAN	T - BLIND	AID CODE	2.0		

112112001110 0001111	001111111111111111111111111111111111111	1020 1010	011011 014		5211.5		1112 0022	MO	TNC	HLY AVERA	GE	
761 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
			OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14		40	\$	1,890.59	\$.053	Ś	135.04	Ś	2.48
DIAGNOSTIC AND ANC. PROCED	2		2	'	94.90	'	47.45	.003		47.45		.12
EYE APPLIANCES	11		31		1,659.46		53.53	.041		150.86		2.18
OTHER OPTOMETRIC SERVICES	4		7		136.23		19.46	.009		34.06		.18
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		0	Т	.00	-T	.00	.000	-	.00	-	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	19		30	Ś		\$	10.24	.039	Ś	16.17	Ś	.40
MEDICINE/INJECTIONS	0		0	т	.00	т	.00	.000	т	.00	Τ.	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	19		30		307.32		10.24	.039		16.17		.40
@HOME HEALTH AGENCY	2		2	\$		\$	52.50	.003	Ċ	52.50	Ċ	.14
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0		0	Ċ	.00	Ċ	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	· ·		0	\$		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0		0	ب د		۶ \$.00	.000		.00		.00
@TOTAL HOSPITAL	166		946	ې د		۶ \$		1.243		478.89		104.46
HOSP INPATIENT TOTAL	13		78	P	55,109.84	Ģ	706.54	.102	Þ	478.89	Ş	72.42
	13		7 8 5									
HSC HOSPITALS	6		29		8,250.00		1650.00	.007		8250.00		10.84
NON-HSC HOSPITAL TOTAL	6				41,987.84		1447.86 509.95	.038		6997.97		55.17
ACCOMMODATIONS	6 1		29		14,788.67		509.95	.038		2464.78		19.43
ADMINISTRATIVE DAYS	0		6		1,298.99		216.50	.008		1298.99		1.71
TRANSITIONAL IP CARE	0 5		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM			23		13,489.68		586.51	.030		2697.94		17.73
ANCILLARIES	6		0		27,199.17		.00	.000		4533.20		35.74
INPATIENT CROSSOVERS	6		44		4,872.00		110.73	.058		812.00		6.40
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	159		868		24,385.59		28.09	1.141		153.37		32.04
MEDICAL	38		65		3,884.45		59.76	.085		102.22		5.10
SURGERY	14		16		1,514.35		94.65	.021		108.17		1.99
PATHOLOGY	69		321		3 , 519.79		10.97	.422		51.01		4.63
RADIOLOGY	27		42		4,638.93		110.45	.055		171.81		6.10
ROOM USE	53		87		4,701.76		54.04	.114		88.71		6.18
CROSSOVERS/ALL OTH OUTPTNT			337		6,126.31		18.18	.443		68.07		8.05
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 6,695
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT	' - BLIND	AID CODE 2	20		
					MONTI	HLY AVERAG	E

						M	ONT	THLY AVERA	GE	
761 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	166	946	\$ 79,495.43	\$	84.03	1.243	\$	478.89	\$	104.46
COMM HOSP INPATIENT TOTAL	13	78	55,109.84		706.54	.102		4239.22		72.42
HSC HOSPITALS	1	5	8,250.00		1650.00	.007		8250.00		10.84
NON-HSC HOSPITALS TOTAL	6	29	41,987.84		1447.86	.038		6997.97		55.17
ACCOMMODATIONS	6	29	14,788.67		509.95	.038		2464.78		19.43
ADMINISTRATIVE DAYS	1	6	1,298.99		216.50	.008		1298.99		1.71
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	23	13,489.68		586.51	.030		2697.94		17.73
ANCILLARIES	6	0	27,199.17		.00	.000		4533.20		35.74
INPATIENT CROSSOVERS	6	44	4,872.00		110.73	.058		812.00		6.40
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	159	868	24,385.59		28.09	1.141		153.37		32.04
MEDICAL	38	65	3,884.45		59.76	.085		102.22		5.10
SURGERY	14	16	1,514.35		94.65	.021		108.17		1.99
PATHOLOGY	69	321	3,519.79		10.97	.422		51.01		4.63
RADIOLOGY	27	42	4,638.93		110.45	.055		171.81		6.10
ROOM USE	53	87	4,701.76		54.04	.114		88.71		6.18
CROSSOVERS/ALL OTH OUTPINT	90	337	6,126.31		18.18	.443		68.07		8.05
@STATE HOSPITAL	2		\$ 26 , 031.70	\$	441.22	.078	\$	13015.85	\$	34.21
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	2	59	26,031.70		441.22	.078		13015.85		34.21
@NURSING FACILITY	32	771	\$ 103,511.78	\$	134.26		\$	3234.74	\$	136.02
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	32	771	103,511.78		134.26	1.013		3234.74		136.02
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	52	985	\$ 49,219.76	\$	49.97	1.294	\$		\$	64.68
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	52	985	49,219.76		49.97	1.294		946.53		64.68
@REHABILITATION FACILITY	4		\$ 129.17	\$	18.45	.009	\$		\$.17
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	7	129.17		18.45	.009		32.29		.17
@LABORATORY FACILITY	12		\$ 1,161.50	\$	12.76	.120	\$		\$	1.53
PATHOLOGY	12	91	1,161.50		12.76	.120		96.79		1.53
XO AND OTHERS	0	0	.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	254	525 \$	34,927.32	\$ 66.53	.690 \$	137.51	\$ 45.90
CLINIC	4	7	545.80	77.97	.009	136.45	.72
SURGICENTER	3	8	384.04	48.01	.011	128.01	.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	252	510	33,997.48	66.66	.670	134.91	44.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT REE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 6,696
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		
					MONT	THLY AVERAG	E
761 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ONLY ORGED PROGREDEDS	2.4.0	20 501 6	105 006 04	ć 2.47	10 100 0	40F 01	ć 120 OC

761 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	249	30,521	\$	105,826.84	\$ 3.47	40.106	\$ 425.01	\$ 139.06
DURABLE MED. EQUIP.	24	98		16,642.54	169.82	.129	693.44	21.87
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	33	10,564		21,902.01	2.07	13.882	663.70	28.78
AMBULANCES/AIR TRANS	9	41		1,580.59	38.55	.054	175.62	2.08
OTHER TRANS	16	10,278		19,130.85	1.86	13.506	1195.68	25.14
OTHER SERVICES	10	245		1,190.57	4.86	.322	119.06	1.56
ACUPUNCTURE	22	59		1,000.22	16.95	.078	45.46	1.31
ADULT DAY HEALTH CARE CTR	18	226		15,090.82	66.77	.297	838.38	19.83
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	96	809		38,457.59	47.54	1.063	400.60	50.54
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	25		353.49	14.14	.033	32.14	.46
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		152.02	76.01	.003	152.02	.20
PROSTHETICS	1	2		152.02	76.01	.003	152.02	.20
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19		1,685.53	88.71	.025	153.23	2.21
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	315		3,027.28	9.61	.414	178.08	3.98
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	18,404		7,515.34	.41	24.184	72.96	9.88
@CALIF. CHILDREN SERVICES*	30	258	\$	38,389.08	\$ 148.79	.339	\$ 1279.64	\$ 50.45
@XOVER EXCLUDING STATE HOSP**	188	4,043	\$	50,626.16	\$ 12.52	5.313	\$ 269.29	\$ 66.53

 $[\]emptyset^{\star}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,697
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

							MO	NTE	HLY AVERA	GΕ	
39,581 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	31,556	655 , 193	\$	25,596,819.23	\$	39.07	16.553	\$	811.16	\$	646.69
@PHYSICIANS SERVICES	7,256	21,816	\$	912,461.07	\$	41.83	.551	\$	125.75	\$	23.05
OUTPATIENT VISITS	2,251	2,995		108,997.90		36.39	.076		48.42		2.75
OFFICE VISITS	1,926	2,516		87,281.61		34.69	.064		45.32		2.21
HOME VISITS	6	10		343.00		34.30	.000		57.17		.01
EMERGENCY ROOM	210	269		13,964.06		51.91	.007		66.50		.35

PREVENTIVE CARE	1	1	43.85		.000	43.85	.00
OB VISITS/COMPRE PERI	17	23	1,891.81		.001	111.28	.05
OTHER OUTPATIENT	149	176	5,473.57	31.10	.004	36.74	.14
INPATIENT VISITS	546	2 , 179	109,247.23	50.14	.055	200.09	2.76
HOSPITAL VISITS	475	1,876	89,155.31	47.52	.047	187.70	2.25
CRITICAL CARE	51	118	13,154.57	111.48	.003	257.93	.33
SNF/ICF/TRANS IP CARE	69	185	6,937.35	37.50	.005	100.54	.18
OPHTHALMOLOGICAL SERVICES	137	152	6,794.17		.004	49.59	.17
EXAMINATIONS	137	152	6,794.17		.004	49.59	.17
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	310	2,143	154,466.17		.054	498.28	3.90
PRINCIPAL SURGEON	211	325	113,310.08		.008	537.01	2.86
ASSISTANT SURGEON	35	37	7,567.18		.001	216.21	.19
ANESTHESIOLOGIST	131	1,781	33,588.91		.045	256.40	.85
OUTPATIENT SURGERY	633	2,132	169,001.36		.054	266.98	4.27
	502	712	140,789.08		.018	280.46	3.56
PRINCIPAL SURGEON	5	5	•		.000	94.34	.01
ASSISTANT SURGEON			471.69				
ANESTHESIOLOGIST	175	1,415	27,740.59		.036	158.52	.70
DIALYSIS	36	62	8,655.02		.002	240.42	.22
PATHOLOGY	583	1,080	30,618.81		.027	52.52	.77
RADIOLOGY	2,380	4,057	171,057.54		.102	71.87	4.32
PSYCHIATRY	5	8	299.79		.000	59.96	.01
IMMUNIZATION AND INJECTION	79	372	17,623.28		.009	223.08	.45
OTHER SERVICES/ALL X-OVERS	2,898	6,636	135,699.80		.168	46.83	3.43
@ PHARMACY	25 , 067	204,468	• •		5.166		
PRESCRIPTION DRUGS	24 , 789	103,089	9,721,473.13		2.605	392.17	245.61
SNF/ICF	380	2,442	182,338.22	74.67	.062	479.84	4.61
OUTPATIENTS	24,449	100,647	9,539,134.91	94.78	2.543	390.16	241.00
MEDICAL SUPPLIES	1,930	101,379	231,881.25	2.29	2.561	120.15	5.86
@DENTIST	1,127	4,321 \$	171,210.94	\$ 39.62	.109	\$ 151.92	\$ 4.33
VISITS - DIAGNOSTIC	791	2,576	40,153.76	15.59	.065	50.76	1.01
ORAL SURGERY	179	637	37,256.25	58.49	.016	208.14	.94
DRUGS	4	4	38.00		.000	9.50	.00
ANESTHESIA	22	22	1,950.00		.001	88.64	.05
PERIODONTICS	40	55	6,090.00		.001	152.25	.15
ENDODONTICS	33	46	8,355.00		.001	253.18	.21
RESTORATIVE DENTISTRY	303	734	46,982.75		.019	155.06	1.19
PROSTHETICS	7	7	180.00		.000	25.71	.00
DENTURES, STAYPLATES	81	202	25,549.00		.005	315.42	.65
SPACE MAINTAINERS	0	0	.00		.000	.00	.00
MAXILLOFACIAL SERVICES	9	14	2,335.35		.000	259.48	.06
	1		•			259.48	
FRACTURES, DISLOCATIONS		1	800.00		.000		.02
ORTHODONTIC SERVICES	11	14	1,520.83		.000	138.26	.04
ALL OTHER SERVICES	9	9	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU 1	DEC 2002	PAGE 6,698
MOP024	FEE-FOR-SERVICE	,					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	NT - DISABLED	AID COD			
						ONTHLY AVERA	
39,581 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DA			ELIGIBLE
@OPTOMETRIST	882	2 , 646 \$	57,694.17	\$ 21.80	.067	\$ 65.41	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	454	459	21,361.54	46.54	.012	47.05	.54
EYE APPLIANCES	726	2,084	34,414.36	16.51	.053	47.40	.87
OTHER OPTOMETRIC SERVICES	74	103	1,918.27		.003	25.92	.05
@CHIROPRACTOR	60	162 \$	2,632.98	\$ 16.25	.004	\$ 43.88	\$.07
VISITS	54	153	2,528.90		.004	46.83	.06
			•				

OTHER SERVICES	6	9	104.08	11.56	.000		17.35	.00
@PODIATRIST	125	166	\$ 2,769.00	\$ 16.68	.004	\$	22.15	\$.07
MEDICINE/INJECTIONS	13	13	405.80	31.22	.000		31.22	.01
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	112	153	2,363.20	15.45	.004		21.10	.06
@HOME HEALTH AGENCY	121	1,374	\$ 73,518.00	\$ 53.51	.035	\$	607.59	\$ 1.86
NURSE ANESTHESIST	21	101	\$ 305.76	\$ 3.03	.003	\$	14.56	\$.01
NURSE MIDWIFE	17	96	\$ 2,561.75	\$ 26.68	.002	\$	150.69	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8,424	47 , 693	\$ 7,107,369.79	\$ 149.02	1.205	\$	843.70	\$ 179.57
HOSP INPATIENT TOTAL	729	3 , 771	5,761,592.17	1527.87	.095		7903.42	145.56
HSC HOSPITALS	73	586	925,886.30	1580.01	.015	1	2683.37	23.39
NON-HSC HOSPITAL TOTAL	447	2,026	4,650,399.11	2295.36	.051	1	0403.58	117.49
ACCOMMODATIONS	428	2,026	1,473,157.16	727.13	.051		3441.96	37.22
ADMINISTRATIVE DAYS	22	88	18,217.29	207.01	.002		828.06	.46
TRANSITIONAL IP CARE	0	0	302.04	.00	.000		.00	.01
ALL OTHER ACCOM	414	1,938	1,454,637.83	750.59	.049		3513.62	36.75
ANCILLARIES	447	0	3,177,241.95	.00	.000		7107.92	80.27
INPATIENT CROSSOVERS	219	1,159	185,306.76	159.89	.029		846.15	4.68
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	8,120	43,922	1,345,777.62	30.64	1.110		165.74	34.00
MEDICAL	2,891	5 , 569	314,953.50	56.55	.141		108.94	7.96
SURGERY	481	605	42,744.94	70.65	.015		88.87	1.08
PATHOLOGY	3 , 716	15,913	212,105.35	13.33	.402		57.08	5.36
RADIOLOGY	1 , 927	2,883	228,822.25	79.37	.073		118.75	5.78
ROOM USE	2,890	4,556	218,459.06	47.95	.115		75.59	5.52
CROSSOVERS/ALL OTH OUTPINT	3,940	14,396	328,692.52	22.83	.364		83.42	8.30
@COUNTY HOSPITAL TOTAL	54	272	\$ 28,881.64	\$ 106.18	.007	\$	534.85	\$.73
CO HOSPITAL INPATIENT TOTAL	4	20	22,702.50	1135.13	.001		5675.63	.57
HSC HOSPITALS	4	20	22,608.00	1130.40	.001		5652.00	.57

NON-HSC HOSPITALS TOTAL	0	0		94.50	.00	.000	.00		.00
ACCOMMODATIONS	0	0		94.50 94.50 94.50 .00 .00 .00 .00 .00 6,179.14 1,770.26 57.98 1,196.71 1,089.57 1,483.10 581.52	.00	0.00	0.0		0.0
ADMINISTRATIVE DAYS	0	0		94.50	.00	. 000	.00		.00
TRANSTITONAL TO CARE	0	0		00	.00	000	0.0		.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		0.0	.00	000	00		.00
ANCTILARTES	0	0		00	.00	000	00		.00
INPATIENT CROSSOVERS	0	0		0.0	.00	000	.00		.00
	0	0		00	00	000	00		.00
CO HOSP OUTPATIENT TOTAL	5.4	252		6 179 14	.00 .00 24.52 41.17 28.99 14.08 51.88 36.17	006	.00 .00 114.43 59.01 28.99 59.84 99.05 44.94		.16
MEDICAL	30	43		1 770 26	41 17	001	59 01		.04
SURGERY	30 2 20 11	2		57 98	28 99	000	28 99		.00
PATHOLOGY	20	25		1 106 71	1/ 08	000	50.93		.03
RADIOLOGY	11	21		1 000 57	51 00	002	00.04		.03
ROOM USE	33	Z I // 1		1 /03 10	36 17	.001	44 04		.03
CROSSOVERS/ALL OTH OUTPTNT	21	60		581.52	9.69	.002	27.69		.01
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC	41 60 CES AND EXPENDIT	י סשמווי	OT DAYMEND D	י מגד מסים שמססים	.002			AGE 6,699
MOP024	FEE-FOR-SERVICE		UKES I	MONIH-OF-PAIMENI R.	EPORT FOR JAN	ZUUZ IHRU DE	LC 2002	P.	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED	AID CODE	60			
						MON	THLY AVERA	GE	
39,581 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,382	47,421	\$	7,078,488.15	\$ 149.27	1.198	844.49	\$	178.84
COMM HOSP INPATIENT TOTAL	727	3,751	·	5,738,889.67	1529.96	.095	7893.93		144.99
HSC HOSPITALS	69	566		903,278.30	1595.90	.014	13090.99		22.82
NON-HSC HOSPITALS TOTAL	447	2,026		7,078,488.15 5,738,889.67 903,278.30 4,650,304.61 1,473,062.66 18,122.79 302.04 1,454,637.83 3,177,241.95 185,306.76 .00 1,339,598.48 313,183.24 42,686.96 210,908.64 227,732.68 216,975.96 328,111.00	2295.31	.051	10403.37		117.49
ACCOMMODATIONS	428	2,026		1,473,062.66	727.08	.051	3441.74		37.22
ADMINISTRATIVE DAYS	22	88		18,122.79	205.94	.002	823.76		.46
TRANSITIONAL IP CARE	0	0		302.04	.00	.000	.00		. 01
ALL OTHER ACCOM	414	1.938		1.454.637.83	750 59	049	3513 62		36 75
ANCTILARTES	447	1,330		3.177.241 95	00	000	7107 92		80 27
INPATIENT CROSSOVERS	219	1.159		185.306.76	159 89	029	846 15		4 68
ALL OTHER INPATTENT	0	1,100		00	00	000	010.10		0.0
COMM HOSP OUTPATTENT TOTAL	8 077	43 670		1 339 598 48	30 68	1 103	165.85		33 84
MEDICAL.	2 863	5 526		313 183 24	56.67	140	109.00		7 91
SURGERY	2 , 009	603		42.686 96	70 79	015	89 12		1 08
PATHOLOGY	3 699	15 828		210 908 64	13 33	400	57 02		5 33
RADIOLOGY	1 918	2 862		227 732 68	79 57	072	118 73		5.75
ROOM USE	2 862	2,002 4 515		227,732.68 216,975.96 328,111.00	48 06	114	75 81		5.75
CROSSOVERS/ALL OTH OUTPINT	3 923	14 336		328 111 00	22.89	.362	83.64		8.29
@STATE HOSPITAL	5 , 525	14,550	¢	.00	\$.00	.000 \$.00	Ċ	.00
MENUALLY III	0	0	۲		.00	.000	.00	Y	.00
DEVELOD DIGVELED	0	0		.00	.00	.000			.00
@NURSING FACILITY	274	7 030	Ċ				4810.92	Ċ	
UNUNSING FACILITI	2/4	1,939	۲	1,310,192.34	7 100.04	.000	.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	ں م	0		.00 11,004.63	\$ 166.04 .00 120.93 574.73 619.31	.000	3660 21		.28
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	ى 1	91 456 242 0		11,004.03	14U.33 57/ 73	012	3668.21 21839.83		.28 6.62
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99 149,873.08 .00	5/4./3 610 21	.012	18734.14		6.62 3.79
LEV B-SUBACUTE HSPTL BASED	8 0	242		149,8/3.08	.00	000			
LEV B-TRANSITIONAL IP CARE	252	7 150		.00	105.00		.00		.00

895,236.64

460,119.00

326,682.30

133,436.70

96,587.46

96,587.46

.00

.00

\$

125.21

157.58

149.17

182.79

87.73

87.73

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689.91 \$

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.074 \$ 4792.91 \$

22.62

11.62

8.25

.00

3.37

2.44

.00

2.44

7,150

2,920

2,190

1,101

1,101

0

0

730

252

96

72

0

24

0

140

140

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.029	158.29	\$.38
HOSPITAL BASED	4	11		323.09		29.37	.000	80.77		.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.029	161.70		.37
GIABORATORY FACTITTY	1 262	1,135 5,722	\$	14,/14./3 75,286.07	Ś	13.16	.145		Ś	1.90
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	1 260	5,718	۲	75,233.10	۲	13.16	.144	59.71	7	1.90
VO AND OFFIEDS	2	J, 110		52.97		13.10	.000	26.49		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	16 614		<u>^</u>		^	13.24 84.80	1 000		<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	16,614	40,705	Ş	3,451,932.70	Ş	84.80	1.028		\$	87.21
CLINIC	193 139	482		20,239.24		41.99	.012	104.87		.51
SURGICENTER	139	416		17,191.46		41.33	.011	123.68		.43
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001	171.59		.01
RURAL HEALTH CLINIC	193 139 2 16,446	39,779		3,414,158.82		85.83	1.005	207.60		86.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU DE	C 2002	P.A	AGE 6,700
MOP024	FEE-FOR-SERVIC									01/17/03
MENDOCINO COUNTY			CRANT	- DISABLED		AID CODE	60			01/1//05
MENDOCINO COUNTI	SOMMAN OF SER	VICES FOR CASH	GIVANI	DISABLED		AID CODE	MON	מממלא אנודע	CE	
20 501 51 535 53	Hanna	INITES OF SERVI	· OF	DADENDIENDEG	7. 7. 7. 7.	TD 2 CD COCE			-	
39,581 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CA				- ,	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	6 , 548	312,817	\$	1,895,786.00	\$	6.06	7.903		\$	47.90
DURABLE MED. EQUIP.	719	3,835		493,204.18		128.61	.097	685.96		12.46
BLOOD BANK	0	0		.00		.00	.000	.00		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING THMC MODEL-NE NE ALDS MSSP	38	58		.00 7,538.94 291,586.59		129.98	.001	198.39 373.35 289.33 738.13		.19
MEDICAL TRANSPORTATION	781	40,660		291,586.59		7.17	1.027	373.35		7.37
AMRIII.ANCES/ATR TRANS	508	9,362		146,977.92		15 70	.237	289 33		3.71
OTHER TRANS	77	27,116		56,836.12		15.70 2.10	.685	720 12		1.44
OTHER TRANS	2.47	27,110		•		2.10	106	750.15		
OTHER SERVICES	24/	4,182		87,772.55		20.99 17.11 66.25	. 100	555.55		2.22
ACUPUNCTURE	1,056	2,662		45,555.84		1/.11	.067	43.14		1.15
ADULT DAY HEALTH CARE CTR	168	1,873		124,092.59		66.25	.047	738.65 80.65		3.14
GENETIC DISEASE TESTING	17	17		1,371.00		80.65	.000	80.65		.03
IHMC, MODEL-NF, NF, AIDS, MSSP	809	6 , 877		438,391.99		80.65 63.75 14.40	.174	541.89		11.08
OCCUPATIONAL THERAPIST	8	63		907.01		14.40	.002	113.38		.02
OPTICIAN	947	2,379		29,784.90		14.40 12.52 15.42 33.82	.060	31.45		.75
PHYSICAL THERAPIST	252	2,316		35,723.98		15 42	.059	141.76		.90
DODUNDIE A-DVA	202	2,310		135.28		33 82	.000	67.64		.00
PDOCERTEE OF OPERIOR OF	122	423		133.20		135.33		433.68		1.45
PROSTRETIST/ORTHOTISTS	132			57,245.49 55,517.60		133.33	.011			
PROSTHETICS	106	393				141.27	.010	523.75		1.40
ORTHOTICS	26	30		1,727.89		57.60	.001	66.46		.04
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	9	19		1,438.43		33.82 135.33 141.27 57.60 75.71		159.83		.04
SPEECH AND AUDIOLOGY	181	642		41,129.33		64.06	.016	227.23		1.04
HOSPICE SERVICES	2	25		2,809.61		112.38	.001	1404.81		.07
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	753	15,438		.00 164,639.41		10.66	.390	218.64		4.16
EPSDT SUPPLEMENTAL SERVICE	, 00	0 0		.00 .00 .00		.00		.00		.00
DECDIDATORY CARE DRACT	0	0		.00		.00	.000	.00		.00
RESTINATURE DELIAR (MEANING	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	1 656	0.25 506								
ALL OTHER PROVIDERS	1,656	235,526		160,231.43		.68	5.950	96.76		4.05
SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	550	8,346	Ş	812,695.90	\$	97.38	.211			20.53
@XOVER EXCLUDING STATE HOSP**	4,247	38,682	\$	596,700.62	\$	15.43	.977	140.50	\$	15.08
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPA	RATE INFORMATION	I ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAI	L LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I										
				MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRII DE	C 2002	ΡZ	AGE 6.701
MOP024	FEE-FOR-SERVIC		. 011110			. 1010 01110 .	2002 IIII(O DI	.0 2002		01/17/03
MENDOCINO COUNTY			00 22	35 38 40 42 3A-3M	מכ מכ	א זוכ מ	1 C			01/11/03
MENDOCINO COUNTI	SUMMAKI OF SER	ATCED LOK COL 3	0-33	30 30 40 42 3A-3M	or of	30 3W 4C			C.F.	

OR DAYS OF CARE

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

48,335 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	25,400	128,896	\$	8,374,981.50	\$	64.97	2.66			\$	173.27
@PHYSICIANS SERVICES	3,637	9 , 278	\$	497,606.58	\$	53.63	.19		3 136.82	\$	10.29
OUTPATIENT VISITS	1,246	1,532		59 , 944.68		39.13	.03	2	48.11		1.24
OFFICE VISITS	999	1,205		42,917.24		35.62	.02	5	42.96		.89
HOME VISITS	2	2		54.98		27.49	.00	0	27.49		.00
EMERGENCY ROOM	152	174		7,471.04		42.94	.00	4	49.15		.15
PREVENTIVE CARE	1	1		43.85		43.85	.00	0	43.85		.00
OB VISITS/COMPRE PERI	69	104		7,976.47		76.70	.00	2	115.60		.17
OTHER OUTPATIENT	43	46		1,481.10		32.20	.00	1	34.44		.03
INPATIENT VISITS	268	941		70,398.74		74.81	.01	9	262.68		1.46
HOSPITAL VISITS	252	706		34,603.01		49.01	.01		137.31		.72
CRITICAL CARE	38	235		35,795.73		152.32	.00		941.99		.74
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	50	52		2,591.82		49.84	.00		51.84		.05
EXAMINATIONS	50	52		2,591.82		49.84	.00		51.84		.05
SERVICES AND MATERIALS	0	0		.00		.00	.00		.00		.00
INPATIENT HOSPITAL SURGERY	224	1,224		112,516.33		91.93	.00		502.31		2.33
PRINCIPAL SURGEON	138	1,224		89,086.76		517.95	.02		645.56		1.84
	21	21					.00				
ASSISTANT SURGEON	21 97			3,838.56		182.79			182.79		.08
ANESTHESIOLOGIST		1,031		19,591.01		19.00	.02		201.97		.41
OUTPATIENT SURGERY	401	1,651		97,698.68		59.18	.03		243.64		2.02
PRINCIPAL SURGEON	285	357		71,760.23		201.01	.00		251.79		1.48
ASSISTANT SURGEON	3	3		261.81		87.27	.00		87.27		.01
ANESTHESIOLOGIST	167	1,291		25 , 676.64		19.89	.02		153.75		.53
DIALYSIS	0	0		.00		.00	.00		.00		.00
PATHOLOGY	523	821		20,263.99		24.68	.01		38.75		.42
RADIOLOGY	1,611	2,280		68 , 317.85		29.96	.04		42.41		1.41
PSYCHIATRY	0	0		.00		.00	.00	0	.00		.00
IMMUNIZATION AND INJECTION	41	194		42,864.73		220.95	.00	4	1045.48		.89
OTHER SERVICES/ALL X-OVERS	347	583		23,009.76		39.47	.01	2	66.31		.48
@PHARMACY	11,042	27 , 298	\$	1,154,433.16	\$	42.29	.56	5 \$	\$ 104.55	\$	23.88
PRESCRIPTION DRUGS	10,973	24,314		1,142,387.23		46.98	.50	3	104.11		23.63
SNF/ICF	8	37		2,920.73		78.94	.00	1	365.09		.06
OUTPATIENTS	10,968	24,277		1,139,466.50		46.94	.50	2	103.89		23.57
MEDICAL SUPPLIES	212	2,984		12,045.93		4.04	.06	2	56.82		.25
@DENTIST	1,419	6,053	\$	195,326.46	\$	32.27	.12	5 \$	\$ 137.65	\$	4.04
VISITS - DIAGNOSTIC	1,049	3,913		58,479.38		14.94	.08	1	55.75		1.21
ORAL SURGERY	214	552		38,448.00		69.65	.01	1	179.66		.80
DRUGS	22	23		469.00		20.39	.00	0	21.32		.01
ANESTHESIA	77	79		7,200.00		91.14	.00	2	93.51		.15
PERIODONTICS	8	8		820.00		102.50	.00		102.50		.02
ENDODONTICS	73	136		14,572.00		107.15	.00		199.62		.30
RESTORATIVE DENTISTRY	455	1,221		68,840.00		56.38	.02		151.30		1.42
PROSTHETICS	5	5		150.00		30.00	.00		30.00		.00
DENTURES, STAYPLATES	8	55		2,089.00		37.98	.00		261.13		.04
SPACE MAINTAINERS	12	17		1,484.00		87.29	.00		123.67		.03
MAXILLOFACIAL SERVICES	7	9		660.08		73.34	.00		94.30		.03
	0	0									.00
FRACTURES, DISLOCATIONS		-		.00		.00	.00		.00		
ORTHODONTIC SERVICES	19	29		2,115.00		72.93	.00		111.32		.04
ALL OTHER SERVICES	7	6		.00		.00	.00		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		KES M	ionth-of-payment Ri	EPOR1	r for Jan	2002 THR	J DE	SC 2002	P.	AGE 6,702
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33 3	35 38 40 42 3A-3M	3P 3F	R 3U 3W 40	C-4G				

48,335 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER
PER UNIT/DAY PER ELIG

USER

OR DAYS OF CARE

OR DAYS OF CARE

OR DAYS OF CARE

OR DAYS OF CARE

@OPTOMETRIST	518	1,472	\$	34,230.44	\$	23.25	.030	\$ 66.08	\$.71
DIAGNOSTIC AND ANC. PROCED	385	388		18,206.40		46.92	.008	47.29		.38
EYE APPLIANCES	391	1,075		15,832.81		14.73	.022	40.49		.33
OTHER OPTOMETRIC SERVICES	9	9		191.23		21.25	.000	21.25		.00
@CHIROPRACTOR	54	192	\$	3,059.76	\$	15.94	.004		Ġ	.06
VISITS	54	192	Y	3,059.76	Y	15.94	.004	56.66	Y	.06
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	-		<u> </u>		<u> </u>				<u>^</u>	
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	23	26	\$	990.14	\$	38.08	.001		\$.02
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.000	\$ 136.87	\$.00
NURSE MIDWIFE	77	353	\$	14,643.57	\$	41.48	.007		\$.30
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000		\$.00
FAMILY NURSE PRACTITIONER	3	4	Ś	131.38	\$	32.85	.000	•	\$.00
@TOTAL HOSPITAL	6,009	27,224	Ś	3,263,634.60	\$.563			67.52
HOSP INPATIENT TOTAL	306	1,356	Y	2,421,941.45	Y	1786.09	.028	7914.84	Y	50.11
	36	322					.028	13313.28		9.92
HSC HOSPITALS				479,278.02		1488.44				
NON-HSC HOSPITAL TOTAL	275	1,034		1,942,663.43		1878.78	.021	7064.23		40.19
ACCOMMODATIONS	252	1,034		812,183.00		785.48	.021	3222.95		16.80
ADMINISTRATIVE DAYS	4	9		1,848.88		205.43	.000	462.22		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	250	1,025		810,334.12		790.57	.021	3241.34		16.76
ANCILLARIES	275	0		1,130,480.43		.00	.000	4110.84		23.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,864	25,868		841,693.15		32.54	.535	143.54		17.41
MEDICAL	3,298	4,994		249,313.89		49.92	.103	75.60		5.16
SURGERY	541	709		53,525.92		75.49	.015	98.94		1.11
PATHOLOGY	2,340	7,261		88,456.12		12.18	.150	37.80		1.83
RADIOLOGY	1,404	1,894		120,125.63		63.42	.039	85.56		2.49
ROOM USE	3,581	4,898		223,918.52		45.72	.101	62.53		4.63
CROSSOVERS/ALL OTH OUTPTNT		6,112		106,353.07		17.40	.126	47.04		2.20
@COUNTY HOSPITAL TOTAL	8	40	\$	1,286.51	\$	32.16	.001		Ś	.03
CO HOSPITAL INPATIENT TOTAL		0	Τ.	.00	Τ.	.00	.000	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0								.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
ALL OTHER ACCOM	-			.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	8	40		1,286.51		32.16	.001	160.81		.03
MEDICAL	5	6		190.56		31.76	.000	38.11		.00
SURGERY	2	4		128.12		32.03	.000	64.06		.00
PATHOLOGY	2	12		186.71		15.56	.000	93.36		.00
RADIOLOGY	0	0		13.15		.00	.000	.00		.00
ROOM USE	7	9		530.87		58.99	.000	75.84		.01
CROSSOVERS/ALL OTH OUTPTNT	5	9		237.10		26.34	.000	47.42		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU I	DEC 2002	PF	GE 6,703
MOP024	FEE-FOR-SERVICE/DENT									01/17/03
MENDOCTNO COUNTY	CHMMADA OF CEDATORS	EOD CCE 30	2.2	2 5 20 40 42 27 2M	2 D 2	ח און און	10			

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MENDOCINO COUNTY

						MC	NTHLY AVERA	GE	
48,335 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	6,002	27,184	\$	3,262,348.09	\$ 120.01	.562	\$ 543.54	\$	67.49
COMM HOSP INPATIENT TOTAL	306	1,356		2,421,941.45	1786.09	.028	7914.84		50.11
HSC HOSPITALS	36	322		479,278.02	1488.44	.007	13313.28		9.92
NON-HSC HOSPITALS TOTAL	275	1,034		1,942,663.43	1878.78	.021	7064.23		40.19
ACCOMMODATIONS	252	1,034		812,183.00	785.48	.021	3222.95		16.80
ADMINISTRATIVE DAYS	4	9		1,848.88	205.43	.000	462.22		.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	250	1,025		810,334.12	790.57	.021	3241.34		16.76
ANCILLARIES	275	0		1,130,480.43	.00	.000	4110.84		23.39
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5 , 857	25 , 828		840,406.64	32.54	.534	143.49		17.39
MEDICAL	3,294	4,988		249,123.33	49.94	.103	75.63		5.15
SURGERY	539	705		53,397.80	75.74	.015	99.07		1.10
PATHOLOGY	2,338	7,249		88,269.41	12.18	.150	37.75		1.83
RADIOLOGY	1,404	1,894		120,112.48	63.42	.039	85.55		2.49
ROOM USE	3 , 575	4,889		223,387.65	45.69	.101	62.49		4.62
CROSSOVERS/ALL OTH OUTPTNT	2,256	6,103		106,115.97	17.39	.126	47.04		2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	14	193	\$	2,699.21	\$	13.99	.004	\$	192.80	\$.06
HOSPITAL BASED	1	1CR		7.19	1	7.19CR	.000		7.19		.00
INDEPENDENT FACILITY	13	194		2,692.02		13.88	.004		207.08		.06
@LABORATORY FACILITY	1,147	3 , 245	\$	60,193.93	\$	18.55	.067	\$	52.48	\$	1.25
PATHOLOGY	1,147	3 , 245		60,193.93		18.55	.067		52.48		1.25
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14,169	27 , 700	\$	2,793,734.37		100.86	.573	\$	197.17	\$	57.80
CLINIC	417	1,614		30,958.90		19.18	.033		74.24		.64
SURGICENTER	53	230		8,666.53		37.68	.005		163.52		.18
HEROIN DETOX CLINIC	2	7		103.71		14.82	.000		51.86		.00
RURAL HEALTH CLINIC	13,862	25 , 849		2,754,005.23		106.54	.535		198.67		56.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES I	MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC	2002	PI	AGE 6,704
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MENDOCTNO COUNTY	CHMMADV OF CEDUTCEC I	TOD CCE 30-3	3.3	32 30 10 13 37 3M	ם כי מכיו	311 314 1C-1C					

MENDOCINO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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48,335 ELIGIBLES	USERS	UNITS OF SERVI	TE.	EXPENDITURES	AVERAGE COST			COST PER
10,000 EE101EE6	ODEIRO	OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,382	25,850	\$	354,161.03	\$ 13.70	.535		
DURABLE MED. EQUIP.	108	246	т.	13,443.57	54.65		124.48	.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	13		2,343.93	180.30	.000	334.85	.05
MEDICAL TRANSPORTATION	204	4,635		131,458.05	28.36	.096	644.40	2.72
AMBULANCES/AIR TRANS	202	4,604		76,637.01	16.65		379.39	1.59
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	30	31		54,821.04	1768.42	.001	1827.37	1.13
ACUPUNCTURE	544	1,391		23,760.82	17.08	.029	43.68	.49
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	75	75		5,057.00	67.43	.002	67.43	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	3	17		2,689.75	158.22	.000	896.58	.06
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	456	1,066		10,529.45	9.88	.022	23.09	.22
PHYSICAL THERAPIST	89	712		11,610.98	16.31		130.46	.24
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	22	66		8,968.37	135.88	.001	407.65	.19
PROSTHETICS	15	58		8,516.48	146.84	.001	567.77	.18
ORTHOTICS	7	8		451.89	56.49	.000	64.56	.01
PSYCHOLOGIST	6	16		1,187.02	74.19		197.84	.02
SPEECH AND AUDIOLOGY	28	74		4,510.26	60.95	.002	161.08	.09
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,874	10,937		134,770.23	12.32	.226	71.92	
EPSDT SUPPLEMENTAL SERVICE	, 0	, 0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	6,602		3,831.60	.58	.137	166.59	.08
@CALIF. CHILDREN SERVICES*	244	1,600	\$	609,306.54		.033		
@XOVER EXCLUDING STATE HOSP**	2	3	\$	•	\$ 24.54	.000		•
		DAME THEODIAN STORE	T CD D M	ONT	•		-	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,705 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

			MONTHLY AVERAGE						
95,130 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	62,580 11,994	917 , 729	\$	36,662,849.21	\$ 39.95	9.647	\$ 585.86	\$	385.40
@PHYSICIANS SERVICES	11,994	34,082	\$	1,473,261.28	\$ 43.23	.358		\$	15.49
OUTPATIENT VISITS	3 , 550	4,605		171,615.48	37.27	.048	48.34		1.80
OFFICE VISITS	2,970	3 , 790		132,513.69	34.96	.040	44.62		1.39
HOME VISITS	8	12		397.98	33.17	.000	49.75		.00
EMERGENCY ROOM	367	448		21,640.90	48.31	.005	58.97		.23
PREVENTIVE CARE	2	2		87.70	43.85	.000	43.85		.00
OB VISITS/COMPRE PERI	86	127		9,868.28	77.70	.001	114.75		.10
OTHER OUTPATIENT	196	226		7,106.93	31.45	.002	36.26		.07
INPATIENT VISITS	820	3 , 139		180,538.95	57.51	.033	220.17		1.90
HOSPITAL VISITS	733	2,600		124,618.84	47.93	.027	170.01		1.31
CRITICAL CARE	89	353		48,950.30	138.67	.004	550.00		.51
SNF/ICF/TRANS IP CARE	70	186		6,969.81	37.47	.002	99.57		.07
OPHTHALMOLOGICAL SERVICES	204	225		10,307.89	45.81	.002	50.53		.11
EXAMINATIONS	204	225		10,307.89	45.81	.002	50.53		.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	540	3 , 439		269,292.68	78.31	.036	498.69		2.83
PRINCIPAL SURGEON	352	500		203,498.11	407.00	.005	578.12		2.14
ASSISTANT SURGEON	56	58		11,405.74	196.65	.001	203.67		.12
ANESTHESIOLOGIST	232	2,881		54,388.83	18.88	.030	234.43		.57
OUTPATIENT SURGERY	1,060	3 , 895		280,579.58	72.04	.041	264.70		2.95
PRINCIPAL SURGEON	807	1,108		224,903.05	202.98	.012	278.69		2.36
ASSISTANT SURGEON	9	9		851.52	94.61	.000	94.61		.01
ANESTHESIOLOGIST	350	2,778		54,825.01	19.74	.029	156.64		.58
DIALYSIS	47	99		12,299.26	124.23	.001	261.69		.13
PATHOLOGY	1,111	1,909		51,170.01	26.80	.020	46.06		.54
RADIOLOGY	4,031	6 , 402		242,604.17	37.90	.067	60.18		2.55
PSYCHIATRY	5	8		299.79	37.47	.000	59.96		.00
IMMUNIZATION AND INJECTION	121	568		60,515.53	106.54	.006	500.13		.64
OTHER SERVICES/ALL X-OVERS	4,241	9,793		194,037.94	19.81	.103	45.75		2.04
@PHARMACY	40,669	288 , 824	\$	12,382,830.27	\$ 42.87	3.036	\$ 304.48	\$	130.17
PRESCRIPTION DRUGS	40,270	144,833		12,089,005.07	83.47	1.522	300.20		127.08
SNF/ICF	481	3,130		219,070.34	69.99	.033	455.45		2.30
OUTPATIENTS	39,843	141,703		11,869,934.73	83.77	1.490	297.92		124.78
MEDICAL SUPPLIES	2,603	143,991		293,825.20	2.04	1.514	112.88		3.09
@DENTIST	2,688	10,826	\$	389,140.08	\$ 35.94	.114		\$	4.09
VISITS - DIAGNOSTIC	1,939	6 , 751		102,680.14	15.21	.071	52.96		1.08
ORAL SURGERY	410	1,220		77,440.25	63.48	.013	188.88		.81
DRUGS	26	27		507.00	18.78	.000	19.50		.01
ANESTHESIA	99	101		9,150.00	90.59	.001	92.42		.10
PERIODONTICS	50	68		7,110.00	104.56	.001	142.20		.07
ENDODONTICS	108	185		23,488.00	126.96	.002	217.48		.25
RESTORATIVE DENTISTRY	794	2,042		123,299.75	60.38	.021	155.29		1.30
PROSTHETICS	14	14		360.00	25.71	.000	25.71		.00
DENTURES, STAYPLATES	113	318		36,089.68	113.49	.003	319.38		.38
SPACE MAINTAINERS	12	17		1,484.00	87.29	.000	123.67		.02
MAXILLOFACIAL SERVICES	17	24		3,095.43	128.98	.000	182.08		.03
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00		.01
ORTHODONTIC SERVICES	30	43		3,635.83	84.55	.000	121.19		.04
ALL OTHER SERVICES	16	15		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,706 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							Mo	ONTHLY AV	ERAGI	·
95,130 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			ER	COST PER
_		OR DAYS OF CARE				R UNIT/DAY				ELIGIBLE
@OPTOMETRIST	1,526	4,468	\$		\$.047		36	
DIAGNOSTIC AND ANC. PROCED	000	868		40,592.05		46.77	.009	47.		.43
EYE APPLIANCES	1,213	3,438		56,238.58		16.36	.036	46.		.59
OTHER OPTOMETRIC SERVICES	120	162	_	2,913.44	_	17.98	.002	24.		.03
@CHIROPRACTOR	119	363	\$		Ş	15.93			8 5	
VISITS	111	349		5,655.54		16.20	.004	50.		.06
OTHER SERVICES	8	14		125.68		8.98	.000	15.		.00
@PODIATRIST	224	424	\$		Ş	14.22	.004		2 5	
MEDICINE/INJECTIONS	13	13		405.80		31.22	.000	31.		.00
SURGERY/ANES.	0 0 211 146 35	0		.00		.00	.000	- 1		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000			.00
OTHER	211	411	_	5,624.65	_	13.69	.004	26.		.06
@HOME HEALTH AGENCY	146	1,402	\$	74,613.13			.015			
NURSE ANESTHESIST		158	\$	641.97		4.06	.002	\$ 18.		
NURSE MIDWIFE	94	449	\$		\$	38.32	.005	\$ 183.		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		00 5	
FAMILY NURSE PRACTITIONER	3	4	Ş		\$.000	\$ 43.	19 5	
@TOTAL HOSPITAL	15,233	78,062	\$	10,623,680.06	\$	136.09	.821			
HOSP INPATIENT TOTAL	1,135	5,616		8,368,586.69		1490.13	.059	7373.		87.97
HSC HOSPITALS	113	923		1,423,075.28		1541.79	.010	12593.		14.96
NON-HSC HOSPITAL TOTAL	736 694	3,111		6,698,427.11		1541.79 2153.14 744.95	.033	9101.	.2	70.41
ACCOMMODATIONS		3,111		2,317,550.53		744.95		3339.		24.36
ADMINISTRATIVE DAYS	27	103		21,365.16		207.43	.001	791.		.22
TRANSITIONAL IP CARE	0 677 736 301 0	0		302.04		.00	.000		0 (.00
ALL OTHER ACCOM	677	3,008		2,295,883.33		763.26	.032	3391.		24.13
ANCILLARIES	736	0		4,380,876.58		.00	.000	5952.		46.05
INPATIENT CROSSOVERS	301	1,582		247,084.30		156.18	.017	820.		2.60
ALL OTHER INPATIENT	0	0		.00		136.09 1490.13 1541.79 2153.14 744.95 207.43 .00 763.26 .00 156.18	.000	153.	0 (.00
	14,728	72,446		2,255,093.37		.00 31.13 53.42 73.66 12.95 73.44 46.87	.762	153.	.2	23.71
MEDICAL	6,236	10,639		568,323.07		53.42	.112	91. 94.	. 4	5.97
SURGERY	1,039	1,333		98,185.13		73.66	.014	94.	0	1.03
PATHOLOGY	6,146	23,551 4,825		304,887.19		12.95	.248	49.		3.20
RADIOLOGY	6,146 3,365 6,528	4,825		354,371.68		73.44	.051	105.		3.73
ROOM USE	6,528	9,548		447,481.52		46.87	.100	68.		4.70
CROSSOVERS/ALL OTH OUTPTNT	6,854	22,550		401,044.70		Z I • J /	• 4 3 /	70.		5.07
@COUNTY HOSPITAL TOTAL	69 5	324	\$	36,357.03	\$	112.21 1144.44	.003			
CO HOSPITAL INPATIENT TOTAL	5	23		28,610.95		1144.44 1140.66		5722.		.30
HSC HOSPITALS	3	25		28,516.45		1140.66	.000	5703.		.30
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000		0 (.00
ACCOMMODATIONS	0	0		94.50		.00	.000		0 (.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000		0 (.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		0 (.00
ALL OTHER ACCOM	0	0		.00		.00	.000		0 (.00
ANCILLARIES	0	0		.00		.00	.000		0 (.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		0 (.00
ALL OTHER INPATIENT	0 68	0		.00		.00	.000	- 1	0 (.00
CO HOSP OUTPATIENT TOTAL	68	299		7,746.08		25.91	.003	113.	91	.08
MEDICAL	35	49		1,968.99		40.18	.001	56.	26	.02
SURGERY	4	6		186.10		31.02	.000	46.		.00
PATHOLOGY	22	97		1,383.42		14.26	.001	62.	88	.01

RADIOLOGY	11	21	1,110.56	52.88	.000	100.96	.01
ROOM USE	40	50	2,037.65	40.75	.001	50.94	.02
CROSSOVERS/ALL OTH OUTPINT	32	76	1,059.36	13.94	.001	33.11	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 6,707
MOP024	FEE-FOR-SERVICE/DENT	TAL					01/17/03

MOP024	FEE-FOR-SERVICE						01/1	7/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT						
					MON'			
95,130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST P	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBI	
	15 , 177	77 , 738 \$	10,587,323.03	\$ 136.19	.817 \$		•	
COMM HOSP INPATIENT TOTAL	1,132	5 , 591	8,339,975.74	1491.68	.059	7367.47	87.6	
HSC HOSPITALS	108	898	1,394,558.83	1552.96	.009	12912.58	14.6	66
NON-HSC HOSPITALS TOTAL	736	3,111	6,698,332.61	2153.11	.033	9101.00	70.4	
ACCOMMODATIONS	694	3,111	2,317,456.03	744.92	.033	3339.27	24.3	
ADMINISTRATIVE DAYS	108 736 694 27	103	21,270.66	206.51	.001	787.80		22
TRANSITIONAL IP CARE	0 677 736 301	0	302.04	.00	.000	.00	. (00
ALL OTHER ACCOM	677	3,008	2,295,883.33	763.26	.032	3391.26	24.3	13
ANCILLARIES	736	0	4,380,876.58	.00	.000	5952.28	46.0	05
INPATIENT CROSSOVERS	301	1 , 582	247,084.30	156.18	.017	820.88	2.6	
ALL OTHER INPATIENT		0	.00	.00	.000	.00	. (00
COMM HOSP OUTPATIENT TOTAL	14,672	72,147	2,247,347.29	31.15	.758	153.17	23.6	62
MEDICAL	6 , 204	10,590	566,354.08	53.48	.111	91.29	5.9	95
SURGERY	1,035	1,327	97,999.03	73.85	.014	94.69	1.0	03
PATHOLOGY	6,127	23,454	303,503.77	12.94	.247	49.54	3.1	19
RADIOLOGY	3,356	4,804	353,261.12	73.53	.050	105.26	3.	71
ROOM USE	6,494	9,498	445,443.87	46.90	.100	68.59	4.6	68
CROSSOVERS/ALL OTH OUTPTNT	6,826	22,474	480,785.42	21.39	.236	70.43	5.0	05
@STATE HOSPITAL	2	59 \$	26,031.70	\$ 441.22	.001 \$	13015.85	\$.2	27
MENTALLY ILL	0	0	.00	.00	.000	.00	. (00
DEVELOP. DISABLED	2	59	26,031.70	441.22	.001	13015.85	. 2	27
@NURSING FACILITY	361	9 , 975 \$	1,588,003.24	\$ 159.20	.105 \$	4398.90	\$ 16.6	69
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	. (00
LEV B-REHAB MD	3	91	11,004.63	120.93	.001	3668.21	•	12
LEV B-SUBACUTE FREESTANDING	12	456	262,077.99	574.73	.005	21839.83	2.	75
LEV B-SUBACUTE HSPTL BASED	8	242	149,873.08	619.31	.003	18734.14	1.5	58
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	. (00
LEV B-REGULAR	8 0 339 96	9,186	1,165,047.54	126.83	.097	3436.72	12.2	25
@INTERMEDIATE CARE FACILDD	96	2 , 920 \$	460,119.00	\$ 157.58	.031 \$	4792.91	\$ 4.8	84
ICF DDH	72	2,190	326,682.30	149.17	.023	4537.25	3.4	43
ICF DD	0	0	.00	.00	.000	.00	. (00
ICF DDN/DDCN	24	730	133,436.70	182.79	.008	5559.86	1.4	40
@HEMODIALYSIS TOTAL	230	2,131 \$	165,004.33	\$ 77.43	.022 \$	717.41	\$ 1.	73
HOSPITAL BASED	72 0 24 230 0 230 113	0	.00	.00	.000	.00	. (00
HEMODIALYSIS CENTER	230	2,131	165,004.33	77.43	.022	717.41	1.	
@REHABILITATION FACILITY	113	1,347 \$	17,879.01	\$ 13.27	.014 \$	158.22	\$.1	19
HOSPITAL BASED	5	11	343.09	31.19	.000	68.62		00
INDEPENDENT FACILITY	108 2,426	1,336	17,535.92	13.13	.014	162.37		18
@LABORATORY FACILITY	2,426	9,074 \$	136,844.10	\$ 15.08	.095 \$	56.41	\$ 1.4	44
PATHOLOGY	2,421	9,065	136,714.68	15.08	.095	56.47	1.4	
XO AND OTHERS	5	9	129.42	14.38	.000	25.88	. (
@ORGANIZED OUTPATIENT CLINIC	32,821	72,186 \$	6,440,940.13	\$ 89.23	.759 \$			
CLINIC	615	2,104	51,790.37	24.62	.022	84.21		54
SURGICENTER	207	673	28,569.85	42.45	.007	138.02		30
HEROIN DETOX CLINIC	4	35	446.89	12.77	.000	111.72		00
RURAL HEALTH CLINIC	32,337	69 , 374	6,360,133.02	91.68	.729	196.68	66.8	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 6	
"								,

MENDOCINO COUNTI	SUMMANT OF SEN	VICES FOR CASH GRANT					
					MON	ITHLY AVERA	GE
95,130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11,657	400 , 975 \$	2,754,968.47	\$ 6.87	4.215 \$	236.34	\$ 28.96
DURABLE MED. EQUIP.	893	4,298	548 , 796.06	127.69	.045	614.55	5.77
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	82	137	15,026.57	109.68	.001	183.25	.16
MEDICAL TRANSPORTATION	1,089	57 , 901	457,861.55	7.91	.609	420.44	4.81
AMBULANCES/AIR TRANS	724	14,015	225,786.13	16.11	.147	311.86	2.37
OTHER TRANS	106	38,651	83,130.47	2.15	.406	784.25	.87
OTHER SERVICES	340	5 , 235	148,944.95	28.45	.055	438.07	1.57
ACUPUNCTURE	1,790	4,541	77,599.56	17.09	.048	43.35	.82
ADULT DAY HEALTH CARE CTR	261	2,898	192,310.06	66.36	.030	736.82	2.02
GENETIC DISEASE TESTING	92	92	6,428.00	69.87	.001	69.87	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	1,584	12 , 655	715,099.86	56.51	.133	451.45	7.52
OCCUPATIONAL THERAPIST	8	63	907.01	14.40	.001	113.38	.01
OPTICIAN	1,547	3,801	45,232.26	11.90	.040	29.24	.48
PHYSICAL THERAPIST	371	3,303	52,026.85	15.75	.035	140.23	.55
PORTABLE X-RAY	2	4	135.28	33.82	.000	67.64	.00
PROSTHETIST/ORTHOTISTS	159	502	66 , 704.27	132.88	.005	419.52	.70
PROSTHETICS	126	464	64 , 524.49	139.06	.005	512.10	.68
ORTHOTICS	33	38	2,179.78	57.36	.000	66.05	.02
PSYCHOLOGIST	16	36	2,684.56	74.57	.000	167.79	.03
SPEECH AND AUDIOLOGY	297	906	67 , 359.39	74.35	.010	226.80	.71
HOSPICE SERVICES	2	25	2,809.61	112.38	.000	1404.81	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,645	26,691	302,440.03	11.33	.281	114.34	3.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,297	283,122	201,547.55	.71	2.976	87.74	2.12
@CALIF. CHILDREN SERVICES*	825	10,404	\$ 1,460,443.56	\$ 140.37	.109	\$ 1770.23	\$ 15.35
@XOVER EXCLUDING STATE HOSP**	6,217	53,386	\$ 855,344.16	\$ 16.02	.561	\$ 137.58	\$ 8.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,709 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL					01/1//03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRA	AM - INFANTS	AID CODES 47			
					MON	THLY AVERAG	E
1,846 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	827	2,302 \$	169,827.53	\$ 73.77	1.247 \$	205.35	\$ 92.00
@PHYSICIANS SERVICES	90	244 \$	14,320.38	\$ 58.69	.132 \$		
OUTPATIENT VISITS	34	39	1,245.17	31.93	.021	36.62	.67
OFFICE VISITS	33	36	1,107.84	30.77	.020	33.57	.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	137.33	45.78	.002	68.67	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
	27	80	5,860.46	73.26			3.17
INPATIENT VISITS	25	70	3,821.88	54.60	.043	217.05	
HOSPITAL VISITS					.038	152.88	2.07
CRITICAL CARE	3	10	2,038.58	203.86	.005	679.53	1.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	43.34	43.34	.001	43.34	.02
EXAMINATIONS	1	1	43.34	43.34	.001	43.34	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	39	5,505.30	141.16	.021	917.55	2.98
PRINCIPAL SURGEON	3	4	3,895.06	973.77	.002	1298.35	2.11
ASSISTANT SURGEON	1	1	584.60	584.60	.001	584.60	.32
ANESTHESIOLOGIST	3	34	1,025.64	30.17	.018	341.88	.56
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	5.62	1.87	.002	5.62	.00
RADIOLOGY	25	33	491.68	14.90	.018	19.67	.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	49	1,168.81	23.85	.027	129.87	.63
@PHARMACY	339	561 \$	9,247.25	\$ 16.48	.304 \$		
PRESCRIPTION DRUGS	335	554	9,185.18	16.58	.300	27.42	4.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	335	554	9,185.18	16.58	.300	27.42	4.98
MEDICAL SUPPLIES	7	7	62.07	8.87	.004	8.87	.03
@DENTIST	1	1 \$	25.00	\$ 25.00	.001 \$		
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.001	25.00	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ANESTHESIA	0	0			.000		
PERIODONTICS	•	~	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 20	002 THRU DE	C 2002	PAGE 6,710	
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03	
MENDOCINO COUNTY	SUMMARY OF SERVICE	S FOR 185% PROGRAM	- INFANTS	AID CODES 47 6	69			
				-	MON'	THLY AVERAG	GE	
1,846 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST U	UNITS/DAYS	COST PER	COST PER	
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	1	1 \$	10.77	\$ 10.77	.001 \$	10.77	\$.01	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	

							M	INO	HLY AVERA	GE.	
1,846 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	10.77	\$	10.77	.001	\$	10.77	\$.01
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	1		10.77		10.77	.001		10.77		.01
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	16	25	\$	853.30	\$	34.13		\$	53.33	\$.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	127	456	Ś	78,650.13		172.48	.247		619.29	\$	42.61
HOSP INPATIENT TOTAL	10	38	4	65,354.58	7	1719.86	.021	-	6535.46	4	35.40
HSC HOSPITALS	3	23		37,812.00		1644.00	.012		12604.00		20.48
NON-HSC HOSPITAL TOTAL	7	15		27,542.58		1836.17	.008		3934.65		14.92
ACCOMMODATIONS	7	15		16,076.48		1071.77	.008		2296.64		8.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	15		16,076.48		1071.77	.008		2296.64		8.71
ANCILLARIES	7	0		11,466.10		.00	.000		1638.01		6.21
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	123	418		13,295.55		31.81	.226		108.09		7.20
MEDICAL	84	121		6,238.60		51.56	.066		74.27		3.38
SURGERY	1	1		207.55		207.55	.001		207.55		.11
PATHOLOGY	35	118		1,248.82		10.58	.064		35.68		.68
RADIOLOGY	24	25		873.79		34.95	.014		36.41		.47
ROOM USE	82	91		3,959.87		43.52	.049		48.29		2.15
CROSSOVERS/ALL OTH OUTPINT	53	62		766.92		12.37	.034		14.47		.42
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	۲	.00	.000	Υ	.00	Ψ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
THACTHIMITED	J	O		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00	
MEDICAL	0		0	.00	.00	.000	.00	.00	
SURGERY	0		0	.00	.00	.000	.00	.00	
PATHOLOGY	Ô		n n	.00	.00	.000	.00	.00	
RADIOLOGY	0))	.00	.00	.000	.00	.00	
	0))	.00	.00	.000	.00	.00	
ROOM USE	0		•						
CROSSOVERS/ALL OTH OUTPINT			0	.00	.00	.000	.00	.00	-
#CALIF DEPT OF HEALTH SERV			ITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN A	2002 THRU DE	C 2002	PAGE 6,71	
MOP024	FEE-FOR-SERVICE							01/17/0	3
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 185	% PROGRAI	M - INFANTS	AID CODES 47				
						MON			
1,846 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF	CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	127	45	6 \$	78,650.13	\$ 172.48	.247 \$	619.29	\$ 42.61	
COMM HOSP INPATIENT TOTAL	10	3	8	65,354.58	1719.86	.021	6535.46	35.40	
HSC HOSPITALS	3	2	3	37,812.00	1644.00	.012	12604.00	20.48	
NON-HSC HOSPITALS TOTAL	7	1	5	27,542.58	1836.17	.008	3934.65	14.92	
ACCOMMODATIONS	7	1		16,076.48	1071.77	.008	2296.64	8.71	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
	0	1							
ALL OTHER ACCOM	/			16,076.48	1071.77	.008	2296.64	8.71	
ANCILLARIES	1		0	11,466.10	.00	.000	1638.01	6.21	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	123	41	8	13,295.55	31.81	.226	108.09	7.20	
MEDICAL	84	12	1	6,238.60	51.56	.066	74.27	3.38	
SURGERY	1		1	207.55	207.55	.001	207.55	.11	
PATHOLOGY	35	11	8	1,248.82	10.58	.064	35.68	.68	
RADIOLOGY	24	2		873.79	34.95	.014	36.41	.47	
ROOM USE	82	9		3,959.87	43.52	.049	48.29	2.15	
CROSSOVERS/ALL OTH OUTPINT		6		766.92	12.37	.034	14.47	.42	
@STATE HOSPITAL	0		0 \$.00	\$.00	.000 \$			
MENTALLY ILL	0		0 2	.00	.00	.000	.00	.00	
	0		-						
DEVELOP. DISABLED	•		0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0) \$.00	\$.00	.000 \$			
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING			0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0		0 \$.00	\$.00	.000 \$.00	\$.00	
ICF DDH	0		0	.00	.00	.000	.00	.00	
ICF DD	0		0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0			.00					
	0								
HOSPITAL BASED			0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000 \$		\$.00	
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	7	1	4 \$	120.84	\$ 8.63	.008 \$	17.26	\$.07	
PATHOLOGY	7	1	4	120.84	8.63	.008	17.26	.07	
XO AND OTHERS	0		0	.00	.00	.000	.00	.00	
-									

@ORGANIZED OUTPATIENT CLINIC	549	858 \$	62,769.63	\$ 73.16	.465 \$	114.33	\$ 34.00
CLINIC	8	13	723.43	55.65	.007	90.43	.39
SURGICENTER	0	0	.00		.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
	7						
RURAL HEALTH CLINIC	542	845	62,046.20		.458		33.61
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DE	C 2002	
MOP024	FEE-FOR-SERVICE						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROG	RAM - INFANTS	AID CODES 4	7 69		
					MON	THLY AVERA	GE
1,846 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS		COST PER
1,010 111011110	OBLIND	OR DAYS OF CARE	EMI ENDITORES	PER UNIT/DA		USER	ELIGIBLE
Oli Celler Prolitrer	17		2 020 02				
@ALL OTHER PROVIDERS		142 \$	- ,		.077 \$		
DURABLE MED. EQUIP.	4	4	399.96		.002	99.99	.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	112	2,973.66	26.55	.061	1486.83	1.61
AMBULANCES/AIR TRANS	2	111	1,698.66		.060	849.33	.92
OTHER TRANS	0	111	.00		.000	.00	.00
	1	0					
OTHER SERVICES	1	1	1,275.00		.001	1275.00	.69
ACUPUNCTURE	0	0	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	179.00	44.75	.002	44.75	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		0.00	0.0	.00
OPTICIAN	1	4	49.72		.002	49.72	.03
	0	4			.002		
PHYSICAL THERAPIST	U	0 0 112 111 0 1 0 0 4 0 0 4	.00		.000	.00	.00
PORTABLE X-RAY	0	0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	U	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	3	a	139.66	.00 15.52	.005	46.55	.08
	5	9				.00	
HOSPICE SERVICES	0	U	.00		.000		.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9	88.23		.005	29.41	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.000	.00	.00
@CALIF. CHILDREN SERVICES*	20	122 \$		\$ 389.85		2378.07	
-		0 \$					
@XOVER EXCLUDING STATE HOSP**	•	,		\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>							
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL LI	NES ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOV	E.				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 6,713
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MENDOCINO COUNTY		ICES FOR 185% PROG	RAM - PRECNANT	AID CODES 44 4	8 49		01,11,00
INDIVIDUCINO COUNTI	BOINING OF BEICV	TODO TOR TOO TROO	TUMI TIMOMINI	IIID CODED II I		תחות אוובטא	GE
2 226 BLIGIBLES	HOEDG	INITES OF SERVICE		ATTERACE COC			
2,326 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS		COST PER
_		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,893	17 , 675 \$	·	\$ 74.32	7.599 \$		
@PHYSICIANS SERVICES	771	2 , 099 \$	189,830.19	\$ 90.44	.902 \$	246.21	\$ 81.61
OUTPATIENT VISITS	140	182	14,971.12	82.26	.078	106.94	6.44
OFFICE VISITS	7	9	278.13		.004	39.73	.12
HOME VISITS	0	0	.00		.000	.00	.00
EMERGENCY ROOM	3	3	128.13		.001	42.71	.06
	J	J	120.13	42.11	.001	74. / I	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	131	170	14,564.86	85.68	.073	111.18	6.26
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	170	376	23,544.19	62.62	.162	138.50	10.12
HOSPITAL VISITS	165	312	13,473.98	43.19	.134	81.66	5.79
CRITICAL CARE	11	64	10,070.21	157.35	.028	915.47	4.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	174	682	117,956.66	172.96	.293	677.91	50.71
PRINCIPAL SURGEON	129	131	105,174.52	802.86	.056	815.31	45.22
ASSISTANT SURGEON	14	14	2,768.50	197.75	.006	197.75	1.19
ANESTHESIOLOGIST	56	537	10,013.64	18.65	.231	178.82	4.31
OUTPATIENT SURGERY	68	193	8,160.35	42.28	.083	120.01	3.51
PRINCIPAL SURGEON	47	62	5,419.16	87.41	.027	115.30	2.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	25	131	2,741.19	20.93	.056	109.65	1.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	170	262	6,409.25	24.46	.113	37.70	2.76
RADIOLOGY	262	311	11,834.29	38.05	.134	45.17	5.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	18	546.23	30.35	.008	60.69	.23
OTHER SERVICES/ALL X-OVERS	66	75	6,408.10	85.44	.032	97.09	2.75
@PHARMACY	468	842	\$ 25,772.02	\$ 30.61	.362	\$ 55.07	\$ 11.08
PRESCRIPTION DRUGS	438	728	19,211.11	26.39	.313	43.86	8.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	438	728	19,211.11	26.39	.313	43.86	8.26
MEDICAL SUPPLIES	59	114	6,560.91	57.55	.049	111.20	2.82
@DENTIST	4	15	\$ 57.00	\$ 3.80	.006	\$ 14.25	\$.02
VISITS - DIAGNOSTIC	4	14	57.00	4.07	.006	14.25	.02
ORAL SURGERY	1	1	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	HRES MONT		EPOR			DEC		P	AGE 6,714
MOP024	FEE-FOR-SERVICE		OKES HOW.	III OF TATMENT K	.11011	I FOR OAN	2002 11110	יבע	2002	_	01/17/03
MENDOCINO COUNTY			DDOCDAM	DDECMAND A	TD C	ODEC 44 40	4.0				01/1//03
MENDOCINO COUNTI	SUMMARI OF SERV	ICES FOR 185%	PROGRAM -	- PREGNANI A	LD C	ODES 44 48		O 3 T F		с п	
0.006									THLY AVERA		
2,326 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0	т	.00	т.	.00	.000	7	.00	7	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	ċ	.00	\$.00
-	0	•	Ş		Ş			Þ		Þ	
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	34	45	\$	1,736.33	\$	38.59	.019	\$	51.07	\$.75
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	62	1,017	\$	22,122.29	\$	21.75	.437	\$	356.81	\$	9.51
PEDIATRIC NURSE PRACTITIONER		0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	1,114	8,479	¢	966,265.31		113.96	3.645	\$	867.38	\$	415.42
HOSP INPATIENT TOTAL	189	604	Ÿ	816,773.38	Y	1352.27	.260	Y	4321.55	Y	351.15
HSC HOSPITALS	4	32		51,369.00		1605.28	.014		12842.25		22.08
NON-HSC HOSPITAL TOTAL	186	572		765,404.38		1338.12	.246		4115.08		329.06
ACCOMMODATIONS	163	572		350,207.89		612.25	.246		2148.51		150.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	163	572		350 , 207.89		612.25	.246		2148.51		150.56
ANCILLARIES	186	0		415,196.49		.00	.000		2232.24		178.50
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,032	7,875		149,491.93		18.98	3.386		144.86		64.27
MEDICAL	148	189		11,751.95		62.18	.081		79.41		5.05
SURGERY	79	106		4,732.01		44.64	.046		59.90		2.03
PATHOLOGY	597	1,990		20,287.49		10.19	.856		33.98		8.72
RADIOLOGY	144	172		9,871.82		57.39	.074		68.55		4.24
ROOM USE	433	799		29,037.57		36.34	.344		67.06		12.48
CROSSOVERS/ALL OTH OUTPTNT	478	4,619		73 , 811.09		15.98	1.986		154.42		31.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
-	-	_							· · ·		

NON HOO HOODIENIO ECENT	٥	0		0.0	0.0	000	0.0		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00		.00
ACCOMMODATIONS	0	0		.00	.00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	0	0		.00	.00		.00		.00
ANCILLARIES	0	0		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES MON	TH-OF-PAYMENT R	EPORT FOR JA	AN 2002 THRU DI	EC 2002	P	AGE 6,715
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 185% F	PROGRAM	- PREGNANT A	ID CODES 44	48 49			
						MOI	NTHLY AVERA	GE	
2,326 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE CO	OST UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CAR	RE		PER UNIT/I	DAY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,114	8,479	\$	966,265.31	\$ 113.96		\$ 867.38	\$	415.42
COMM HOSP INPATIENT TOTAL	189	604		816,773.38	1352.2	7 .260	4321.55	·	351.15
HSC HOSPITALS	4	32		51,369.00	1605.28	3 .014	12842.25		22.08
NON-HSC HOSPITALS TOTAL	186	572		765,404.38	1338.12	2 .246	4115.08		329.06
ACCOMMODATIONS	186 163	572		765,404.38 350,207.89	1352.2° 1605.28 1338.12 612.29	246			
ADMINISTRATIVE DAYS	0	0			.00	000	00		00
TRANSITIONAL IP CARE	0	0		.00 .00 350,207.89	.00 .00 612.25	000	0.0		0.0
ALL OTHER ACCOM	163	572		350 207 89	612 2	246	2148 51		150 56
ANCILLARIES	0 163 186			415,196.49	.00	, , , , , ,	2148.51 .00 .00 2148.51 2232.24 .00		178 50
INPATIENT CROSSOVERS	0	0 0 0		.00	.00	000	00		170.50
ALL OTHER INPATIENT	0	0				.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		7 , 875		140 401 03	10 00	3.386	111 06		64.27
MEDICAL	148	189		149,491.93	62 10	3.300	70 /1		5.05
SURGERY	79	106		11 , 731.93	02.10	1 .046	79.41 50.00		2.03
	597	1,990		20 207 40	10 10	9 .856	22.90		8.72
PATHOLOGY	144	1,990		20 , 201.49	10.13	0 .074	33.90		4.24
RADIOLOGY	433			.00 149,491.93 11,751.95 4,732.01 20,287.49 9,871.82 29,037.57 73,811.09	27.33	1 .344	144.86 79.41 59.90 33.98 68.55 67.06		12.48
ROOM USE		799 4,619		29,037.37	15 00	.344 3 1.986	154.42		31.73
CROSSOVERS/ALL OTH OUTPTNT	4 / 8	4,619	Ċ	/3,811.09	\$.00	1.986		ċ	.00
@STATE HOSPITAL	0		\$.00			•	Ş	
MENTALLY ILL	•	0		.00	.00				.00
DEVELOP. DISABLED	0	0		.00	.00		.00		.00
@NURSING FACILITY	U	0	\$.00			•	Ş	.00
LEV A-INTERMEDIATE	Ü	0		.00	.00				.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00			\$.00
ICF DDH	0	0		.00	.00		.00		.00
TCE DD	\cap	0		0.0	0.0	000	0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	252	508	\$	11,313.67		22.27	.218		Ċ	4.86
-	252	508	Y	11,313.67		22.27	.218	44.90	Y	4.86
PATHOLOGY				•						
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	368	753	\$	58,764.23		78.04	.324		\$	25.26
CLINIC	17	87		3,159.54		36.32	.037	185.86		1.36
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	351	666		55,604.69		83.49	.286			23.91
#CALIF DEPT OF HEALTH SERV			IDEC MO						DΛ	GE 6,716
MOP024	FEE-FOR-SERVICE		JINES MO	NIII OF TATPENT I	.\11 \11\1	FOR OAN .	2002 IIIKO DI	10 2002	LA	01/17/03
				DDDCNANE A	* TD GO	DEG 44 40	4.0			01/1//03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT F	AID CO	DES 44 48				
							MOI		-	
2,326 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES			UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAL				UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	194 0 0	3,917	\$	37,818.91	\$	9.66	1.684	194.94	\$	16.26
DURABLE MED. EQUIP.	0	. 0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0				.00	000	0.0		.00
MEDICAL MDANGDODMAMION	0 14	572		.00 20,987.35			.000	1499.10		
				20,987.35		36.69		1499.10		9.02
	14	565		9,962.35		17.63	.243	711.60		4.28
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	7	7		11,025.00		1575.00	.003	1575.00		4.74
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
	165	166		14,089.00		84.87	.071	85.39		6.06
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
INMC, MODEL-NF, NF, AIDS, MSSF	0	0								
OCCUPATIONAL THERAPIST	U			.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	2	21		274.30		13.06	.009	137.15		.12
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	6	8		512.48		64.06	.003	85.41		.22
PROSTHETICS	2	4		157.72		39.43	.002	78.86		.07
ORTHOTICS	4	4		354.76		88.69	.002	88.69		.15
PSYCHOLOGIST	Û	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		
NONINST BIRTHING CENTERS	Ü			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	11	3,150		1,955.78		.62	1.354	177.80		.84
@CALIF. CHILDREN SERVICES*	6	34	\$	8,632.75	\$	253.90		1438.79	Ś	3.71
@XOVER EXCLUDING STATE HOSP**	7	0	\$.00		.00	.000			.00
-					۲	.00	.000	.00	۲	.00
0* TOTALS IN THESE LINES ARE				·						
THE AMOUNTS ARE ALREADY IN			_	ABOVE.						
** THESE DATA ARE INCLUDED I	IN THE APPROPRIATI	E DETAIL LINES A	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	JRES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU DI	C 2002	PA	GE 6,717
MOP024	FEE-FOR-SERVICE,	DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	CES FOR 60-DA	Y POST	PARTUM PROGRAM		AID CODE	76			
							MOI	THLY AVERA	GE -	
15 ELICIDIES	HCEDC	INTEC OF CEDIT	יחיר	EADENDIMIDEC	7, 7, 7, 77	DACE COCH	IINITEC / DAVC			OCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

15 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	37	95 \$	5,075.17	\$ 53.42	6.333	\$ 137.17	\$ 338.34
@PHYSICIANS SERVICES	5	13 \$	994.39	\$ 76.49	.867	\$ 198.88	\$ 66.29
OUTPATIENT VISITS	0	0	5.98	.00	.000	.00	.40
OFFICE VISITS	0	0	5.98	.00	.000	.00	.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	U		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	839.76	104.97	.533	419.88	55.98
PRINCIPAL SURGEON	2	2	717.73	358.87	.133	358.87	47.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	6	122.03			122.03	8.14
ANESTHESIOLOGIST	1	0		20.34	.400		
DIALYSIS	U	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	62.46	31.23	.133	31.23	4.16
RADIOLOGY	3	3	73.93	24.64	.200	24.64	4.93
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	12.26	.00	.000	.00	.82
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	6 \$	330.95	\$ 55.16	.400	\$ 110.32	\$ 22.06
PRESCRIPTION DRUGS	1	2	118.75	59.38	.133	118.75	7.92
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	118.75	59.38	.133	118.75	7.92
MEDICAL SUPPLIES	2	4	212.20	53.05	.267	106.10	14.15
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	· ·	.00	.00	.000	.00	.00
PROSTHETICS	ŭ	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2002 THRU D	DEC 2002	PAGE 6,718
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY POS	T PARTUM PROGRAM	AID COD	E 76		
					MC	NTHLY AVERA	GE
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS		COST PER

@OPTOMETRIST	3	4	\$ 100.47	\$ 25.12	.267	\$ 33.49	\$ 6.70
DIAGNOSTIC AND ANC. PROCED	1	1	47.41	47.41	.067	47.41	3.16
EYE APPLIANCES	2	3	53.06	17.69	.200	26.53	3.54
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	44	\$ 1,531.15	\$ 34.80	2.933	\$ 90.07	\$ 102.08
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	44	1,531.15	34.80	2.933	90.07	102.08
MEDICAL	7	9	609.79	67.75	.600	87.11	40.65
SURGERY	1	1	74.69	74.69	.067	74.69	4.98
PATHOLOGY	7	14	148.13	10.58	.933	21.16	9.88

RADIOLOGY	2	2	81.95	40.98	.133	40.98	5.46
ROOM USE	10	10	369.90	36.99	.667	36.99	24.66
CROSSOVERS/ALL OTH OUTPTNT	5	8	246.69	30.84	.533	49.34	16.45
@COUNTY HOSPITAL TOTAL	0	0 5	.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 6,719
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	OST PARTUM PROGRAM	AID CODE	76		
					MONT	HIV AVERAC	F

----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 17 44 1,531.15 34.80 2.933 \$ 90.07 \$ 102.08 .00 .000 .00 COMM HOSP INPATIENT TOTAL .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 1,531.15 34.80 2.933 90.07 102.08 40.65 MEDICAL 609.79 67.75 .600 87.11 1 SURGERY 74.69 74.69 .067 74.69 4.98 PATHOLOGY 14 148.13 10.58 .933 21.16 9.88 RADIOLOGY 2 81.95 40.98 .133 40.98 5.46 ROOM USE 10 1.0 369.90 36.99 .667 36.99 24.66 CROSSOVERS/ALL OTH OUTPTNT 246.69 30.84 .533 49.34 16.45 0 .00 .00 .000 \$.00 \$.00 @STATE HOSPITAL \$ 0 .00 .000 .00 MENTALLY ILL .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 \$.00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	11	\$	264.43	\$	24.04	.733	\$	37.78	\$	17.63
PATHOLOGY	7	11		264.43		24.04	.733		37.78		17.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	17	\$	1,853.78	\$	109.05	1.133	\$	154.48	\$	123.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	17		1,853.78		109.05	1.133		154.48		123.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,720
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	E 76				

112112001110 0001111	0011111111	. 1020 1011 00 2111 1001	1111(1011 11(001011	1112 0022	MON'	THLY AVERAG	E
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,721 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 185%/60	-DAY	Y PP AID CODES	44 47 48 49 69				
						MON			
4,187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2 , 757	20 , 072	\$	1,488,582.65	\$ 74.16	4.794			355.52
@PHYSICIANS SERVICES	866	2 , 356	\$	205,144.96	\$ 87.07	.563		\$	49.00
OUTPATIENT VISITS	174	221		16,222.27	73.40	.053	93.23		3.87
OFFICE VISITS	40	45		1,391.95	30.93	.011	34.80		.33
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	6		265.46	44.24	.001	53.09		.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	131	170		14,564.86	85.68	.041	111.18		3.48
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	197	456		29,404.65	64.48	.109	149.26		7.02
HOSPITAL VISITS	190	382		17,295.86	45.28	.091	91.03		4.13
CRITICAL CARE	14	74		12,108.79	163.63	.018	864.91		2.89
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		43.34	43.34	.000	43.34		.01
EXAMINATIONS	1	1		43.34	43.34	.000	43.34		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	180	721		123,461.96	171.24	.172	685.90		29.49
PRINCIPAL SURGEON	132	135		109,069.58	807.92	.032	826.28		26.05
ASSISTANT SURGEON	15	15		3,353.10	223.54	.004	223.54		.80
ANESTHESIOLOGIST	59	571		11,039.28	19.33	.136	187.11		2.64
OUTPATIENT SURGERY	70	201		9,000.11	44.78	.048	128.57		2.15
PRINCIPAL SURGEON	49	64		6,136.89	95.89	.015	125.24		1.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	26	137		2,863.22	20.90	.033	110.12		.68
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	173	267		6,477.33	24.26	.064	37.44		1.55
RADIOLOGY	290	347		12,399.90	35.73	.083	42.76		2.96
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	9	18		558.49	31.03	.004	62.05		.13
OTHER SERVICES/ALL X-OVERS	75	124		7,576.91	61.10	.030	101.03		1.81
@PHARMACY	810	1,409	\$	35,350.22	\$ 25.09	.337		ċ	8.44
	774	1,284	Ą	28,515.04	22.21	.307	36.84	۲	6.81
PRESCRIPTION DRUGS SNF/ICF	0	1,204		.00	.00	.000	.00		.00
OUTPATIENTS	774	1,284		28,515.04	22.21	.307	36.84		6.81
MEDICAL SUPPLIES	68	125		6,835.18	54.68	.030	100.52		1.63
@DENTIST	5	16	\$	82.00	\$ 5.13	.004		\$.02
VISITS - DIAGNOSTIC	5	15	Ą	82.00	5.47	.004	16.40	۲	.02
	1	1		.00	.00	.004	.00		.00
ORAL SURGERY DRUGS	0	0		.00	.00	.000	.00		.00
	0	0							
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0				.000			
ENDODONTICS	-			.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,722

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 185%/60)-DAY PP	AID CODES	44 4	/ 48 49 69				~-	
4 100			_						THLY AVERA	GE	
4,187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0		OR DAYS OF CARE				R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	4	5	\$	111.24	\$	22.25	.001	Ş	27.81	Ş	
DIAGNOSTIC AND ANC. PROCED	1	1		47.41		47.41	.000		47.41		.01
EYE APPLIANCES	3	4		63.83		15.96	.001		21.28		.02
OTHER OPTOMETRIC SERVICES	0	0		.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	34	45	\$	•	\$	38.59	.011			\$.41
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	78	1,042	\$	22,975.59	\$	22.05	.249	\$	294.56	\$	5.49
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	1,258	8,979	\$		\$	116.54	2.144	Ş	831.83	Ş	249.93
HOSP INPATIENT TOTAL	199	642		882,127.96		1374.03	.153		4432.80		210.68
HSC HOSPITALS	7	55		89,181.00		1621.47	.013		12740.14		21.30
NON-HSC HOSPITAL TOTAL	193	587		792,946.96		1350.85	.140		4108.53		189.38
ACCOMMODATIONS	170	587 0		366,284.37		623.99	.140		2154.61		87.48
ADMINISTRATIVE DAYS	· ·	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0 170	587		.00 366,284.37		.00 623.99	.000		.00 2154.61		.00 87.48
ANCILLARIES	193	0		426,662.59		.00	.000		2210.69		101.90
INPATIENT CROSSOVERS	193	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,172	8,337		164,318.63		19.71	1.991		140.20		39.24
MEDICAL	239	319		18,600.34		58.31	.076		77.83		4.44
SURGERY	81	108		5,014.25		46.43	.026		61.90		1.20
PATHOLOGY	639	2,122		21,684.44		10.22	.507		33.93		5.18
RADIOLOGY	170	199		10,827.56		54.41	.048		63.69		2.59
ROOM USE	525	900		33,367.34		37.07	.215		63.56		7.97
CROSSOVERS/ALL OTH OUTPINT	536	4,689		74,824.70		15.96	1.120		139.60		17.87
@COUNTY HOSPITAL TOTAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 6,723
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES F	OR 185%/60-DAY PP	AID CODES 44 47	48 49 69 7	6		

						M	ONTHLY AVERA	GE
4,187 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,258	8 , 979	\$	1,046,446.59	\$ 116.54	2.144	\$ 831.83	\$ 249.93
COMM HOSP INPATIENT TOTAL	199	642		882 , 127.96	1374.03	.153	4432.80	210.68
HSC HOSPITALS	7	55		89,181.00	1621.47	.013	12740.14	21.30
NON-HSC HOSPITALS TOTAL	193	587		792 , 946.96	1350.85	.140	4108.53	189.38
ACCOMMODATIONS	170	587		366,284.37	623.99	.140	2154.61	87.48
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	170	587		366,284.37	623.99	.140	2154.61	87.48
ANCILLARIES	193	0		426,662.59	.00	.000	2210.69	101.90
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,172	8 , 337		164,318.63	19.71	1.991	140.20	39.24
MEDICAL	239	319		18,600.34	58.31	.076	77.83	4.44
SURGERY	81	108		5,014.25	46.43	.026	61.90	1.20
PATHOLOGY	639	2,122		21,684.44	10.22	.507	33.93	5.18
RADIOLOGY	170	199		10 , 827.56	54.41	.048	63.69	2.59
ROOM USE	525	900		33,367.34	37.07	.215	63.56	7.97
CROSSOVERS/ALL OTH OUTPTNT	536	4,689		74 , 824.70	15.96	1.120	139.60	17.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

0	0		.00		.00	.000		.00		.00
0	0									.00
0	0				.00			.00		.00
0	0		.00		.00			.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
266	533	\$	11,698.94	\$	21.95	.127	\$	43.98	\$	2.79
266	533		11,698.94		21.95	.127		43.98		2.79
0	0				.00	.000		.00		.00
929	1,628	\$			75.79	.389	\$		\$	29.47
25	100		3,882.97		38.83	.024		155.32		.93
0	0				.00	.000		.00		.00
0	0				.00	.000		.00		.00
905	1,528		119,504.67		78.21	.365		132.05		28.54
		URES MONTE	H-OF-PAYMENT	REPORT	FOR JAN 20	02 THRU	DEC	2002	PI	AGE 6,724
										01/17/03
SUMMARY OF SERVICES FO	R 185%/	60-DAY PP	AID CODES	44 47						
					-	M	ONT:	HLY AVERA	GE -	
	266 0 929 25 0 0 905 MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 266 533 \$ 11,698.94 \$ 123,387.64 \$ 266 533 \$ 11,698.94 \$ 123,387.64 \$ 25 100 3,882.97 0 0 0 0 .00 929 1,628 \$ 123,387.64 \$ 25 100 3,882.97 0 0 0 0 .00 905 1,528 119,504.67	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 0 0 0 .00 .00 .00 .000 .000 .000 .000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

					MON	THLY AVERA	GE
4,187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	211	4 , 059 \$	41,649.14	\$ 10.26	.969 \$	197.39	\$ 9.95
DURABLE MED. EQUIP.	4	4	399.96	99.99	.001	99.99	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	684	23,961.01	35.03	.163	1497.56	5.72
AMBULANCES/AIR TRANS	16	676	11,661.01	17.25	.161	728.81	2.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	8	12,300.00	1537.50	.002	1537.50	2.94
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	169	170	14,268.00	83.93	.041	84.43	3.41
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	49.72	12.43	.001	49.72	.01
PHYSICAL THERAPIST	2	21	274.30	13.06	.005	137.15	.07
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	8	512.48	64.06	.002	85.41	.12
PROSTHETICS	2	4	157.72	39.43	.001	78.86	.04
ORTHOTICS	4	4	354.76	88.69	.001	88.69	.08
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	9	139.66	15.52	.002	46.55	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	9	88.23	9.80	.002	29.41	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	11	3 , 150	1,955.78	.62	.752	177.80	.47
@CALIF. CHILDREN SERVICES*	26	156	\$ 56,194.17	\$ 360.22	.037	\$ 2161.31	\$ 13.42
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,725 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,303 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 554,208.86 482.34 \$ 425.33 @TOTAL, ALL PROVIDERS 1,149 21,894 \$ 25.31 16.803 \$ 258 639 7,129.04 .490 \$ 27.63 \$ @PHYSICIANS SERVICES 11.16 5.47 0 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 .000 . 00 INPATIENT HOSPITAL SURGERY . 00 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .000 OUTPATIENT SURGERY .00 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 258 639 7,129.04 11.16 .490 27.63 5.47 @PHARMACY 970 12,441 288,395.66 23.18 9.548 \$ 297.32 \$ 221.33 PRESCRIPTION DRUGS 963 3,858 274,804.25 71.23 2.961 285.36 210.90 80 17 3,775.35 47.19 .061 222.08 2.90 SNF/ICF 948 271,028.90 2.899 285.90 3,778 71.74 208.00 OUTPATIENTS 116 MEDICAL SUPPLIES 8,583 13,591.41 1.58 6.587 117.17 10.43 35 .060 \$ 135.97 \$ 3.65 @DENTIST 4,759.00 61.01 VISITS - DIAGNOSTIC 24 869.00 18.10 .037 36.21 . 67 1 256.00 85.33 256.00 ORAL SURGERY .002 .20 .00 .00 .000 .00 DRUGS .00 Ω .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS 1 ENDODONTICS 1 260.00 260.00 .001 260.00 .20 18 RESTORATIVE DENTISTRY 2,124.00 118.00 .014 177.00 1.63 PROSTHETICS 30.00 30.00 .001 30.00 .02

DENTURES, STAYPLATES	4	6	1,220.00	203.33	.005	305.00	.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DI	EC 2002	PAGE 6,726
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR TITLE II I	DISREGARD - AGED	AID CODE	16		
					MOI	NTHLY AVERAG	E

MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR	TITLE I	II DIS	REGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
1,303 ELIGIBLES	USERS	UNITS OF	SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	€		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	25		71	\$	1,410.17	\$	19.86	.054	\$	56.41	\$	1.08
DIAGNOSTIC AND ANC. PROCED	9		9		427.05		47.45	.007		47.45		.33
EYE APPLIANCES	21		56		905.14		16.16	.043		43.10		.69
OTHER OPTOMETRIC SERVICES	4		6		77.98		13.00	.005		19.50		.06
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	24		26	\$	415.65	\$	15.99	.020	\$	17.32	\$.32
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	24		26		415.65		15.99	.020		17.32		.32
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3		25	\$	36.98	\$	1.48	.019	\$	12.33	\$.03
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	142		463	\$	28,673.39	\$	61.93	.355	\$	201.93	\$	22.01
HOSP INPATIENT TOTAL	29		112		21,143.51		188.78	.086		729.09		16.23
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29		112		21,143.51		188.78	.086		729.09		16.23
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	124		351		7,529.88		21.45	.269		60.72		5.78
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		-		.00		.00	.000		.00		.00
ROOM USE	•		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	124		351	Ċ	7,529.88	Ċ	21.45	.269	Ċ	60.72	Ċ	5.78
@COUNTY HOSPITAL TOTAL	•		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
VIACTITIVIZIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	,
MOP024	FEE-FOR-SERVICE/						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DIS	REGARD - AGED	AID CODE			
1,303 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		COST PER
1,303 EDIGIDDES	OSERS	OR DAYS OF CARE	EVERNOTIONES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	142	463 \$	28,673.39	\$ 61.93	.355 \$	201.93	
COMM HOSP INPATIENT TOTAL	29	112	21,143.51	188.78	.086	729.09	16.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	112	21,143.51	188.78	.086	729.09	16.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	124	351	7,529.88	21.45	.269	60.72	5.78
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	124	351	7,529.88	21.45	.269	60.72	5.78
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	35	441 \$	64,796.64	\$ 146.93		1851.33	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	35	441	64,796.64	146.93	.338	1851.33	49.73
@INTERMEDIATE CARE FACILDD	0	0 \$	•	\$.00	.000 \$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	12 \$	4,985.73	\$ 415.48	.009 \$		\$ 3.83
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	12	4,985.73	415.48	.009	415.48	3.83
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	Ō	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	479 0 1 0 478	778 0 1 0 777	\$	26,373.39 .00 78.00 .00 26,295.39	\$	33.90 .00 78.00 .00 33.84	.597 \$.000 .001 .000 .596	.00 78.00 .00 55.01		20.24 .00 .06 .00 20.18
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU DE	EC 2002	Ι	PAGE 6,728 01/17/03
MENDOCINO COUNTY		ICES FOR TITLE I	T DI	SREGARD - AGED		AID CODE	16			01/17/05
							MON	THLY AVERA	GE.	
1,303 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	385	6 , 920	\$	127,233.21	\$	18.39	5.311 \$	330.48	\$	97.65
DURABLE MED. EQUIP.	29	88		15,690.61		178.30	.068	541.06		12.04
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	6	10		806.78		80.68	.008	134.46		.62
MEDICAL TRANSPORTATION	46	3 , 753		12,576.68		3.35	2.880	273.41		9.65
AMBULANCES/AIR TRANS	3	11		281.25		25.57	.008	93.75		.22
OTHER TRANS	16	3,474		9,733.19		2.80	2.666	608.32		7.47
OTHER SERVICES	27	268		2,562.24		9.56	.206	94.90		1.97
ACUPUNCTURE	23	58		973.19		16.78	.045	42.31		.75
ADULT DAY HEALTH CARE CTR	17	149		9,946.21		66.75	.114	585.07		7.63
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	190	2 , 259		70,223.36		31.09	1.734	369.60		53.89
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	29	83		1,196.89		14.42	.064	41.27		.92
PHYSICAL THERAPIST	5	15		25.95		1.73	.012	5.19		.02
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	1	2		4.47		2.24	.002	4.47		.00
SPEECH AND AUDIOLOGY	32	72		7,625.89		105.92	.055	238.31		5.85

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	148	431		8,163.18	18.94	.331	55.16	6.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	481	3,881	\$	70,499.81	\$ 18.17	2.979	\$ 146.57	\$ 54.11
O. H. MOMATO TAX MURGE TIMES AND CITIES			TEEN 6 037	T 11				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,729
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

MENDOCINO COUNTI	SUMMARI OF SERV	VICES FOR IIILE I	בע ב.	.SREGARD - BLIND	AIL	CODES 26	0A			с г	
05 71 707777							MC			.GE	
25 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
	0.4	OR DAYS OF CARE		10 067 16		R UNIT/DAY	PER ELIG	Ċ	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24	184	\$	12,867.16	\$	69.93	7.360		536.13	\$	514.69
@PHYSICIANS SERVICES	3	4	\$	52.04	\$	13.01		\$	17.35	\$	2.08
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	U	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	U	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	U	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	U	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	U	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4		52.04		13.01	.160		17.35		2.08
@ PHARMACY	22	99	\$	7,305.44	\$	73.79	3.960	\$	332.07	\$	292.22
PRESCRIPTION DRUGS	22	99		7,305.44		73.79	3.960		332.07		292.22
SNF/ICF	10	37		1,851.89		50.05	1.480		185.19		74.08
OUTPATIENTS	17	62		5,453.55		87.96	2.480		320.80		218.14
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

	0			0.0		0.0	0.00		0.0		0.0
DRUGS	Ü	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		
FRACTURES, DISLOCATIONS	0	0				.00					.00
ORTHODONTIC SERVICES	U	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MON	TH-OF-PAYMENT RE	PORT :	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 6,730
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISR	EGARD - BLIND	AID	CODES 26	6A				
							M	ТИС	HLY AVERA	GE	
25 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	S	.00	.000	Ś	.00		.00
	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
DIAGNOSTIC AND ANC. PROCED											
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	¢	.00	Ċ	.00	.000	\$.00	\$.00
	0	6	٠ خ	44.79	\$	7.47	.240	\$	22.40	\$	1.79
NURSE ANESTHESIST	2	•	ې د		ې م						
NURSE MIDWIFE	U	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	9	\$	326.11	\$	36.23	.360	\$	65.22	\$	13.04
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	0	•		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	9		326.11		36.23	.360		65.22		13.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	9		326.11		36.23	.360		65.22		13.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	7	.00	7	.00	.000	Y	.00	4	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
HOC HODETIADO	U	U		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00			
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	ŭ	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	2 2002	PAGE 6,731 01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES E		SREGARD - BLIND	AID CODES 26	6A		01/11/03
IENZOOINO OCONII		OIC IIIIII II DI	ORLEGIIRD BEIND	THE CODEC EC	MON'	THLY AVERA	GE
25 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
20 221012220		DAYS OF CARE	2111 2112 1 1 0 1 1 2 2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	9 \$	326.11	\$ 36.23	.360 \$		\$ 13.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	9	326.11	36.23	.360	65.22	13.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	9	326.11	36.23	.360	65.22	13.04
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0 \$.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HIFTL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEV D-INAMSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00

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LEV B-REGULAR

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	21	\$	1,555.27	\$	74.06	.840	\$	172.81	\$	62.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	21		1,555.27		74.06	.840		172.81		62.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES	MONTH-OF-PAYMENT				DEC		P^{R}	AGE 6,732
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY		•	II I	DISREGARD - BLIND	AID	CODES 26	6A				
								ОИТ	HLY AVERA	GE -	
25 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF	RAGE COST	UNITS/DAY				COST PER
20 221012220	00210	OR DAYS OF CA		2111 2113 1 1 0 1 1 2 0		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	45	\$	3,583.51		79.63	1.800		298.63		143.34
DURABLE MED. EQUIP.	0	0	4	.00	•	.00	.000	т.	.00	т.	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	2		130.72		65.36	.080		130.72		5.23
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	2		130.72		65.36	.080		130.72		5.23
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	12	43					1.720		287.73		138.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	43		3,452.79		80.30					
OCCUPATIONAL THERAPIST OPTICIAN	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0				.00	.000		.00		
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	-		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	U	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	U	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00		.00	.000		.00	\$.00
@XOVER EXCLUDING STATE HOSP**		21	\$	553.66	\$	26.36	.840	\$	79.09	\$	22.15
0* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAI	L LIN	NES ABOVE.							

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,733 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

----- MONTHLY AVERAGE -----993 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	878	16,310	\$ 500,218.66	\$ 30.67	16.425	\$ 569.73	\$ 503.74
@PHYSICIANS SERVICES	170	422	\$ 5,163.35	\$ 12.24	.425	\$ 30.37	\$ 5.20
OUTPATIENT VISITS	3	3	146.70	48.90	.003	48.90	.15
OFFICE VISITS	3	3	146.70	48.90	.003	48.90	.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	232.97	38.83	.006	77.66	.23
HOSPITAL VISITS	3	6	232.97	38.83	.006	77.66	.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	270.67	13.53	.020	270.67	.27
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	270.67	13.53	.020	270.67	.27
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	193.14	48.29	.004	96.57	.19
RADIOLOGY	4	6	171.31	28.55	.006	42.83	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	162	383	4,148.56	10.83	.386	25.61	4.18
@ PHARMACY	719	7,971	\$ •	\$ 44.88	8.027	\$ 497.56	\$ 360.27
PRESCRIPTION DRUGS	703	3 , 057	340,721.33	111.46	3.079	484.67	343.12

SNF/ICF	15	40		5,774.32		144.36	.040	384.95		5.82
OUTPATIENTS	688	3,017		334,947.01		111.02	3.038	486.84		337.31
MEDICAL SUPPLIES	112	4,914		17,027.36		3.47	4.949	152.03		17.15
@DENTIST	31	112	\$	7,241.85	\$	64.66	.113	\$ 233.61	\$	7.29
VISITS - DIAGNOSTIC	21	48		822.85		17.14	.048	39.18		.83
ORAL SURGERY	4	20		1,047.00		52.35	.020	261.75		1.05
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	3	5		1,325.00		265.00	.005	441.67		1.33
RESTORATIVE DENTISTRY	12	28		2,836.00		101.29	.028	236.33		2.86
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	3	11		1,211.00		110.09	.011	403.67		1.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2002	PAG	E 6,734
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

993 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER	COST PER
		OR DAYS OF CARE	C		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	14	40	\$	820.24	\$	20.51	.040	\$	58.59	\$.83
DIAGNOSTIC AND ANC. PROCED	7	7		332.15		47.45	.007		47.45	.33
EYE APPLIANCES	11	29		479.57		16.54	.029		43.60	.48
OTHER OPTOMETRIC SERVICES	2	4		8.52		2.13	.004		4.26	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	15	16	\$	169.37	\$	10.59	.016	\$	11.29	\$.17
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	15	16		169.37		10.59	.016		11.29	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	\$	28.96	\$	14.48	.002	\$	28.96	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	152	545	\$	33,763.33	\$	61.95	.549	\$	222.13	\$ 34.00
HOSP INPATIENT TOTAL	19	99		24,885.68		251.37	.100		1309.77	25.06
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	1	4		10,679.41		2669.85	.004		10679.41	10.75
ACCOMMODATIONS	1	4		3,955.28		988.82	.004		3955.28	3.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	1	4		3,955.28		988.82	.004		3955.28	3.98
ANCILLARIES	1	0		6,724.13		.00	.000		6724.13	6.77
INPATIENT CROSSOVERS	18	95		14,206.27		149.54	.096		789.24	14.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	144	446		8,877.65		19.91	.449		61.65	8.94
MEDICAL	1	4		197.53		49.38	.004		197.53	.20
SURGERY	0	0		9.77		.00	.000		.00	.01
PATHOLOGY	5	19		306.29		16.12	.019		61.26	.31

RADIOLOGY	1	1	24.15	24.15	.001	24.15	.02
ROOM USE	1	1	72.08	72.08	.001	72.08	.07
CROSSOVERS/ALL OTH OUTPTNT	138	421	8,267.83	19.64	.424	59.91	8.33
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 6,735
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MENDOCINO COUNTY	CIIMMADV OF CEDVICES	בט הדשוב בו טוב	SDEC - DICABIED AT	ID CODES 36 6	6 60		

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

IIINDOCINO COUNTI	COLUMN OF CHIC	VIOLO IOI		II DIOI	do Dioneded n	.12 00220 00 0	MC	NTHLY AVERA	GE -	
993 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	(COST PER
		OR DAYS	OF CAR	E		PER UNIT/DA	Y PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	152		545	\$	33,763.33	\$ 61.95	.549	\$ 222.13	\$	34.00
COMM HOSP INPATIENT TOTAL	19		99		24,885.68	251.37	.100	1309.77		25.06
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1		4		10,679.41	2669.85	.004	10679.41		10.75
ACCOMMODATIONS	1		4		3,955.28	988.82	.004	3955.28		3.98
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1		4		3,955.28	988.82	.004	3955.28		3.98
ANCILLARIES	1		0		6,724.13	.00	.000	6724.13		6.77
INPATIENT CROSSOVERS	18		95		14,206.27	149.54	.096	789.24		14.31
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	144		446		8,877.65	19.91	.449	61.65		8.94
MEDICAL	1		4		197.53	49.38	.004	197.53		.20
SURGERY	0		0		9.77	.00	.000	.00		.01
PATHOLOGY	5		19		306.29	16.12	.019	61.26		.31
RADIOLOGY	1		1		24.15	24.15	.001	24.15		.02
ROOM USE	1		1		72.08	72.08	.001	72.08		.07
CROSSOVERS/ALL OTH OUTPTNT	138		421		8,267.83	19.64	.424	59.91		8.33
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	4		39	\$	5,612.63	\$ 143.91	.039	\$ 1403.16	\$	5.65
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	4		39		5,612.63	143.91	.039	1403.16		5.65
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	13.89	\$	3.47	.004	\$	6.95	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		13.89		3.47	.004		6.95		.01
@ORGANIZED OUTPATIENT CLINIC	402	1,001	\$	46,878.64	\$	46.83	1.008	\$	116.61	\$	47.21
CLINIC	2	4		59.70		14.93	.004		29.85		.06
SURGICENTER	3	3		194.15		64.72	.003		64.72		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	399	994		46,624.79		46.91	1.001		116.85		46.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,736
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

TIENDOCTIVO CCCNTT	COLUMN CL CELL	VIOLO IOIC IIILL		DICEO DICHELLO II	ID CODEC SO CO	MO:	א משניא א זיישוא	CE
002 ELICIDIES	HOEDO	INTER OF CERTICAL	,	EXPENDIMINEC	ATTEDACE COCH		NTHLY AVERA	
993 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
0	1.55	OR DAYS OF CAR		40 555 54	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	155	6,158	\$	42,777.71	\$ 6.95	6.201	•	·
DURABLE MED. EQUIP.	5	19		8,715.42	458.71	.019	1743.08	8.78
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		6.66	6.66	.001	6.66	.01
MEDICAL TRANSPORTATION	21	191		1,838.43	9.63	.192	87.54	1.85
AMBULANCES/AIR TRANS	2	4		243.50	60.88	.004	121.75	.25
OTHER TRANS	1	2		18.95	9.48	.002	18.95	.02
OTHER SERVICES	18	185		1,575.98	8.52	.186	87.55	1.59
ACUPUNCTURE	44	115		1,965.29	17.09	.116	44.67	1.98
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	26	813		25,966.83	31.94	.819	998.72	26.15
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	56		746.09	13.32	.056	37.30	.75
PHYSICAL THERAPIST	1	1		24.00	24.00	.001	24.00	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2		201.56	100.78	.002	201.56	.20
PROSTHETICS	1	2		201.56	100.78	.002	201.56	.20
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		48.32	24.16	.002	48.32	.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	4,958		3,265.11	.66	4.993	66.63	3.29
@CALIF. CHILDREN SERVICES*	1	180	Ś	106.20	\$.59	.181		
@XOVER EXCLUDING STATE HOSP**	321	3,120	Ś	37,978.58	\$ 12.17		\$ 118.31	·
			т ппъл	0.,5.5.00		O		. 00.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,737

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

MENDOCINO COUNTI	SUMMARI OF SERVICE	LS FUR		DISK	EGARD - FAMILIES	AID CODE	M(יע מינונע אנדי	GE
OO ELICIDIES	HCEDC III	ITMC OF	CEDVICE		EXPENDITURES	AVERAGE COST				-
00 ELIGIBLES			SERVICE		EXPENDITURES			5 (COST PER USER	COST PER ELIGIBLE
OMOMAL ALL DROUTDERS		DR DAIS	OF CARE	Ċ	0.0	PER UNIT/DAY		ċ		_
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	Þ	.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000		.00	.00
OFFICE VISITS	0		0		.00	.00	.000		.00	.00
HOME VISITS	0		0		.00	.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000		.00	.00
INPATIENT VISITS	0		0		.00	.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000		.00	.00
CRITICAL CARE	0		0		.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000		.00	.00
EXAMINATIONS	0		0		.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000		.00	.00
DIALYSIS	0		0		.00	.00	.000		.00	.00
PATHOLOGY	0		0		.00	.00	.000		.00	.00
RADIOLOGY	0		0		.00	.00	.000		.00	.00
PSYCHIATRY	0		0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000		.00	.00
SNF/ICF	0		0		.00	.00	.000		.00	.00
OUTPATIENTS	0		0		.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000		.00	.00
ORAL SURGERY	0		0		.00	.00	.000		.00	.00
DRUGS	0		0		.00	.00	.000		.00	.00
ANESTHESIA	0		0		.00	.00	.000		.00	.00
PERIODONTICS	0		0		.00	.00	.000		.00	.00
ENDODONTICS	0		0		.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000		.00	.00
PROSTHETICS	0		0		.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0		Ō		.00	.00	.000		.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0		Ō		.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0		Ö		.00	.00	.000		.00	.00
ALL OTHER SERVICES	0		Ö		.00	.00	.000		.00	.00
	-		-							

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,738 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PIENDOCINO COONTI	DOMPART OF DERVI	ICED FOR	11111111111	DIDINE	JAND PARILLES	AID CODE					
									ILY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS	OF CARE			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ō	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,739
MOP024	FEE-FOR-SERVICE	/DENTAL					
MOP024	FEE-FOR-SERVICE			AID CODE	46		01/17/03
MOP024 MENDOCINO COUNTY		/DENTAL ICES FOR TITLE II DISR		AID CODE		THIY AVERA	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR	EGARD - FAMILIES		MON'		01/17/03 GE
		ICES FOR TITLE II DISR		AVERAGE COST	MON' UNITS/DAYS	COST PER	01/17/03 GE COST PER
MENDOCINO COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	EGARD - FAMILIES EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	COST PER USER	01/17/03 GE COST PER ELIGIBLE
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EGARD - FAMILIES EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON' UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MENDOCINO COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-C	F-PAYMENT REP	ORT FOR	R JAN 20	02 THRU	DEC :	2002	PAGE	6 , 740
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGAF	RD - FAMILIES	AII	CODE 4	6				

MENDOCINO COONTI	DOMESTIC OF DELIVE	LCES FOR		T DISKI	TAMILLIS	AID CODE	40		
							MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00		00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.	00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.	00	.000 \$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,741 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DIS	SREGARD		140		N C E	
2 221 FLIGTRING	HOEDO	IDITED OF CERTIFIC	_		ATTERNACE COOR		NTHLY AVER	AGE	
2,321 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER		COST PER ELIGIBLE
AMOMAI AII DDOMIDEDC	2,051	OR DAYS OF CAR	≗ \$	1 067 204 69	\$ 27.80	16.539		\$	459.84
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	2,031 431	1,065	۶ \$	1,067,294.68 12,344.43	\$ 27.80	.459			5.32
-	3	3	Ş	146.70	48.90	.001	48.90	Ą	.06
OUTPATIENT VISITS	3	3		146.70	48.90	.001	48.90		.06
OFFICE VISITS	3 0	0							
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0							
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT INPATIENT VISITS	0	0		.00 232.97	.00 38.83	.000	.00 77.66		.00 .10
	3	6		232.97	38.83	.003	77.66		
HOSPITAL VISITS	3	0							.10
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
	1	20		270.67	13.53	.009	270.67		.12
INPATIENT HOSPITAL SURGERY	0	20							.00
PRINCIPAL SURGEON ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST	1	20		270.67	13.53	.009	270.67		.12
OUTPATIENT SURGERY	0	0		.00	.00	.009	.00		.00
	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		193.14	48.29	.002	96.57		.08
RADIOLOGY	<u> </u>	6		171.31	28.55	.002	42.83		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	423	1,026		11,329.64	11.04	.442	26.78		4.88
@PHARMACY	1,711	20,511	\$		\$ 31.86	8.837		Ċ	281.54
PRESCRIPTION DRUGS	1,688	7,014	Y	622,831.02	88.80	3.022	368.98	Y	268.35
SNF/ICF	42	157		11,401.56	72.62	.068	271.47		4.91
OUTPATIENTS	1,653	6 , 857		611,429.46	89.17	2.954	369.89		263.43
MEDICAL SUPPLIES	228	13,497		30,618.77	2.27	5.815	134.29		13.19
@DENTIST	66	190	\$		\$ 63.16	.082		Ċ	5.17
VISITS - DIAGNOSTIC	45	96	Y	1,691.85	17.62	.041	37.60	Y	.73
ORAL SURGERY	5	23		1,303.00	56.65	.010	260.60		.56
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS ENDODONTICS	4	6		1,585.00	264.17	.003	396.25		.68
RESTORATIVE DENTISTRY	24	46		4,960.00	107.83	.020	206.67		2.14
PROSTHETICS	1	1		30.00	30.00	.000	30.00		.01
	_	_		00.00	00.00		00.00		• • -

DENTURES, STAYPLATES	7	17	2,431.00	143.00	.007	347.29	1.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,742
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD				

112112001110 0001111	00111111111 01 01111	1020 1011			112 011112			MO	TNC	HLY AVERA	GE.	
2,321 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
·		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	39		111	\$	2,230.41	\$	20.09	.048	\$	57.19	\$.96
DIAGNOSTIC AND ANC. PROCED	16		16		759.20		47.45	.007		47.45		.33
EYE APPLIANCES	32		85		1,384.71		16.29	.037		43.27		.60
OTHER OPTOMETRIC SERVICES	6		10		86.50		8.65	.004		14.42		.04
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	39		42	\$	585.02	\$	13.93	.018	\$	15.00	\$.25
MEDICINE/INJECTIONS	0		0	·	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	39		42		585.02		13.93	.018		15.00		.25
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$		\$.00
NURSE ANESTHESIST	6		33	\$	110.73	\$	3.36	.014		18.46	\$.05
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś		\$.00	.000			\$.00
@TOTAL HOSPITAL	299		1,017	Ś		Ś	61.71	.438		209.91		27.04
HOSP INPATIENT TOTAL	48		211	т	46,029.19	7	218.15	.091	7	958.94	-	19.83
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		4		10,679.41		2669.85	.002		10679.41		4.60
ACCOMMODATIONS	1		4		3,955.28		988.82	.002		3955.28		1.70
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		3,955.28		988.82	.002		3955.28		1.70
ANCILLARIES	1		Ō		6,724.13		.00	.000		6724.13		2.90
INPATIENT CROSSOVERS	47		207		35,349.78		170.77	.089		752.12		15.23
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	273		806		16,733.64		20.76	.347		61.30		7.21
MEDICAL	1		4		197.53		49.38	.002		197.53		.09
SURGERY	0		0		9.77		.00	.000		.00		.00
PATHOLOGY	5		19		306.29		16.12	.008		61.26		.13
RADIOLOGY	1		1		24.15		24.15	.000		24.15		.01
ROOM USE	1		1		72.08		72.08	.000		72.08		.03
CROSSOVERS/ALL OTH OUTPTNT	267		781		16,123.82		20.65	.336		60.39		6.95
@COUNTY HOSPITAL TOTAL	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Υ	.00	۲	.00	.000	۲	.00	7	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
1110 111111110	U		O		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,743
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS	REGARD				
					MON	THLY AVERA	GE
2,321 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	299	1,017 \$	62,762.83	\$ 61.71	.438 \$	209.91	\$ 27.04
COMM HOSP INPATIENT TOTAL	48	211	46,029.19	218.15	.091	958.94	19.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	10,679.41	2669.85	.002	10679.41	4.60
ACCOMMODATIONS	1	4	3,955.28	988.82	.002	3955.28	1.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	3,955.28	988.82	.002	3955.28	1.70
ANCILLARIES	1	0	6,724.13	.00	.000	6724.13	2.90
INPATIENT CROSSOVERS	47	207	35,349.78	170.77	.089	752.12	15.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	273	806	16,733.64	20.76	.347	61.30	7.21
MEDICAL	1	4	197.53	49.38	.002	197.53	.09
SURGERY	0	0	9.77	.00	.000	.00	.00
DA BUIOT OCU	_	1.0	206 20	1 (1)	000	C1 0C	1.0

306.29

24.15

72.08

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PATHOLOGY

RADIOLOGY

ROOM USE

	201	701		10,123.02		20.00	• 550		00.55		0.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	39	480	\$	70,409.27	\$	146.69	.207	\$	1805.37	\$	30.34
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	ŭ	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	39	480									
LEV B-REGULAR	0		<u> </u>	70,409.27	<u> </u>	146.69	.207	<u> </u>	1805.37	<u>^</u>	30.34
@INTERMEDIATE CARE FACILDD	7	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	12	\$	4,985.73	\$	415.48	.005	\$	415.48	\$	2.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	12	12		4,985.73		415.48	.005		415.48		2.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	13.89	\$	3.47	.002	\$	6.95	\$.01
PATHOLOGY	0	0		.00	·	.00	.000		.00		.00
XO AND OTHERS	2	4		13.89		3.47	.002		6.95		.01
@ORGANIZED OUTPATIENT CLINIC	890	1,800	\$	74,807.30	\$.776	Ś	84.05	Ś	32.23
CLINIC	2	4	۲	59.70	Υ	14.93	.002	۲	29.85	۲	.03
SURGICENTER	1	Δ 1		272.15		68.04	.002		68.04		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.002		.00		.00
		•							.00		
DIDAT HEATEH OF TAILO		1 700		7/ /75 /5		/1 EC	777		0100		22 00
RURAL HEALTH CLINIC	886	1,792	IDEC I	74,475.45		41.56	.772	DE 0	84.06	D.7	32.09
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024		CES AND EXPENDITU	JRES I	74,475.45 MONTH-OF-PAYMENT RI	EPORT			DEC		PA	32.09 AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		MONTH-OF-PAYMENT R	EPORT			DEC		P <i>I</i>	AGE 6,744
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		MONTH-OF-PAYMENT R	EPORT				2002		AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	CES AND EXPENDITUE/DENTAL VICES FOR TITLE	II D	MONTH-OF-PAYMENT RI		FOR JAN 2	2002 THRU 1	TNC	2002 HLY AVERA	.GE -	AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIO	II D	MONTH-OF-PAYMENT R	AVE	F FOR JAN 2 ERAGE COST	2002 THRU 1	ONT S	2002 HLY AVERA COST PER	.GE -	AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIOOR DAYS OF CAR	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES	AVE PEF	FOR JAN 2 ERAGE COST R UNIT/DAY	2002 THRU 1 M UNITS/DAY: PER ELIG	ONT S	2002 HLY AVERA COST PER USER	.GE - (AGE 6,744 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR DAYS OF CAP 13,123	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43	AVE PEF	FOR JAN 2 ERAGE COST R UNIT/DAY 13.23	2002 THRU I	ONT S	2002 HLY AVERA COST PER USER 314.48	.GE - (AGE 6,744 01/17/03 COST PER ELIGIBLE 74.79
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR DAYS OF CAP 13,123 107	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03	AVE PEF	FOR JAN 2 ERAGE COST R UNIT/DAY 13.23 228.09	2002 THRU I	ONT S	HLY AVERA COST PER USER 314.48 717.82	.GE - (AGE 6,744 01/17/03 COST PER ELIGIBLE 74.79 10.52
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR DAYS OF CAP 13,123 107 0	II D	MONTH-OF-PAYMENT RISREGARD EXPENDITURES 173,594.43 24,406.03 .00	AVE PEF	ERAGE COST R UNIT/DAY 13.23 228.09 .00	MG UNITS/DAY: PER ELIG 5.654 .046 .000	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00	.GE - (AGE 6,744 01/17/03 COST PER ELIGIBLE 74.79 10.52 .00
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR DAYS OF CAP 13,123 107 0 11	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95	MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005	ONT S	2002 HLY AVERA COST PER USER 314.48 717.82 .00 116.21	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAP 13,123 107 0 11 3,946	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69	MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700	ONT S	2002 HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAP 13,123 107 0 11 3,946 15	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98	MCUNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR DAYS OF CAP 13,123 107 0 11 3,946 15 3,476	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81	MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498	ONT S	2002 HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17 46	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAB 13,123 107 0 11 3,946 15 3,476 455	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14 4,268.94	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81 9.38	MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498 .196	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66 92.80	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17 46 67	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAB 13,123 107 0 11 3,946 15 3,476 455 173	II D	MONTH-OF-PAYMENT RISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14 4,268.94 2,938.48	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81 9.38 16.99	2002 THRU 1 MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498 .196 .075	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66 92.80 43.86	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17 46 67 17	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR OR DAYS OF CAR 13,123 107 0 11 3,946 15 3,476 455 173 149	II D	MONTH-OF-PAYMENT RISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14 4,268.94 2,938.48 9,946.21	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81 9.38 16.99 66.75	2002 THRU 1 MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498 .196 .075 .064	ONT S	2002 HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66 92.80 43.86 585.07	.GE - (AGE 6,744 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17 46 67 17 0	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR OR DAYS OF CAR 13,123 107 0 11 3,946 15 3,476 455 173 149 0	II D	MONTH-OF-PAYMENT RISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14 4,268.94 2,938.48 9,946.21 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81 9.38 16.99 66.75	2002 THRU 1 MG UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498 .196 .075 .064 .000	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66 92.80 43.86 585.07 .00	.GE - (AGE 6,744 01/17/03
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#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,321 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 552 34 0 7 68 5 17 46 67 17 0 228	CES AND EXPENDITUE/DENTAL VICES FOR TITLE UNITS OF SERVICOR OR DAYS OF CAR 13,123 107 0 11 3,946 15 3,476 455 173 149 0 3,115 0 139	II D	MONTH-OF-PAYMENT RISREGARD EXPENDITURES 173,594.43 24,406.03 .00 813.44 14,545.83 524.75 9,752.14 4,268.94 2,938.48 9,946.21 .00 99,642.98	AVE PEF \$	ERAGE COST R UNIT/DAY 13.23 228.09 .00 73.95 3.69 34.98 2.81 9.38 16.99 66.75 .00 31.99	2002 THRU 1 MO UNITS/DAY: PER ELIG 5.654 .046 .000 .005 1.700 .006 1.498 .196 .075 .064 .000 1.342	ONT S	HLY AVERA COST PER USER 314.48 717.82 .00 116.21 213.91 104.95 573.66 92.80 43.86 585.07 .00 437.03 .00 39.65	.GE - (AGE 6,744 01/17/03
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267

CROSSOVERS/ALL OTH OUTPINT

781 16,123.82 20.65 .336

60.39

6.95

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	197	5,389		11,428.29	2.12	2.322	58.01	4.92
@CALIF. CHILDREN SERVICES*	1	180	\$	106.20	\$.59	.078	\$ 106.20	\$.05
@XOVER EXCLUDING STATE HOSP**	809	7,022	\$	109,032.05	\$ 15.53	3.025	\$ 134.77	\$ 46.98
0* TOTALS IN THESE LINES ARE CIVEN	AS A SEPARATI	TNEORMATTON	TTEM ON	JT.V•				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,745 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR IN HOM	E 201	PPORI - AGED		AID CODE					
							MO				
1,672 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,557	33,284	\$	947,960.15	\$	28.48	19.907		608.84		566.96
@PHYSICIANS SERVICES	302	832	\$	11,158.77	\$	13.41	.498	\$	36.95	\$	6.67
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	14		259.47		18.53	.008		259.47		.16
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	14		259.47		18.53	.008		259.47		.16
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		21.60		21.60	.001		21.60		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	300	817		10,877.70		13.31	.489		36.26		6.51
@PHARMACY	1,268	12,604	Ś	466,942.07	\$		7.538	Ś	368.25	Ś	279.27
PRESCRIPTION DRUGS	1,248	5,594	Ψ	452,295.08	Ψ.	80.85	3.346	Υ	362.42	٧	270.51
SNF/ICF	45	293		14,146.62		48.28	.175		314.37		8.46
OUTPATIENTS	1,221	5,301		438,148.46		82.65	3.170		358.84		262.05
MEDICAL SUPPLIES	191	7,010		14,646.99		2.09	4.193		76.69		8.76
@DENTIST	39	130	\$	4,678.00	\$.078	Ś		Ś	2.80
VISITS - DIAGNOSTIC	29	77	Y	1,149.00	Y	14.92	.046	7	39.62	Y	.69
ORAL SURGERY	8	37		2,662.00		71.95	.022		332.75		1.59
OLGIL BOLGERI	O	57		2,002.00		11.55	• 022		552.75		1.00

DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.001	55.00	.03
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	8		362.00	45.25	.005	90.50	.22
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	5	6		420.00	70.00	.004	84.00	.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		•	DEC N	ONTH-OF-PAYMENT R				PAGE 6,746
MOP024	FEE-FOR-SERVICE		IVED I	IONIII OF FAIMENT N	LIONI FON UAN	ZUUZ IIIKU DE	10 2002	01/17/03
MENDOCINO COUNTY		JICES FOR IN HOM	T CIII	DODE ACED	AID CODE	7 10		01/11/03
MENDOCINO COUNTI	SUMMARI OF SERV	VICES FOR IN HOM	.E 501	PORI - AGED	AID CODE			~ E
1 670 51 16151 56			_		31100300 0000	MON		
1,672 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0	-	OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	31	84	\$	1,571.26	\$ 18.71	.050 \$		•
DIAGNOSTIC AND ANC. PROCED	8	8		369.15	46.14	.005	46.14	.22
EYE APPLIANCES	24	63		1,129.10	17.92	.038	47.05	.68
OTHER OPTOMETRIC SERVICES	7	13		73.01	5.62	.008	10.43	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	29	34	\$	328.08	\$ 9.65	.020 \$	11.31	\$.20
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	29	34		328.08	9.65	.020	11.31	.20
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	3	8	¢	78.99	\$ 9.87	.005		\$.05
NURSE MIDWIFE	5	0	Ċ	.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
	. 0	0	ب خ	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	241	722	۶ \$, , , , , , ,			•
@TOTAL HOSPITAL	45		Ą	49,090.54		.432 \$		•
HOSP INPATIENT TOTAL		144		35,004.57	243.09	.086	777.88	20.94
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	45	144		35,004.57	243.09	.086	777.88	20.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	218	578		14,085.97	24.37	.346	64.61	8.42
MEDICAL	3	4		212.53	53.13	.002	70.84	.13
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		27.13	27.13	.001	27.13	.02
RADIOLOGY	0	Ō		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	573		13,846.31	24.16	.343	64.10	8.28
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
-		0	Y	.00	.00		.00	.00
CO HOSPITAL INPATIENT TOTAL						.000		
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	•	RES MO		EPORT FO				P	AGE 6,747
MOP024	FEE-FOR-SERVICE/		(110	IVIII OI IIIIIIIIVI IXI	DI OIKI IK	71(0711)	2002 111110 1	DC 2002	Τ.	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI		SUPP	ORT - AGED	Δ-	D CODE	1.8			01/1//03
TIENDOUTING GOONTT	Sommer of Shirt	020 1010 110 110111		01(1 11022		D CODE		NTHLY AVERA	GE	
1,672 ELIGIBLES	USERS	JNITS OF SERVICE	7.	EXPENDITURES	AVERA	E COST	UNITS/DAYS		-	COST PER
1,0,2 111011110	OBLIG	OR DAYS OF CARE		EMI EMBITORES			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	241	722	\$	49,090.54		57.99	.432			29.36
COMM HOSP INPATIENT TOTAL	45	144	т	35,004.57		13.09	.086	777.88	Τ.	20.94
HSC HOSPITALS	0	0		.00	2	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	45	144		35,004.57	24	13.09	.086	777.88		20.94
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	218	578		14,085.97		24.37	.346	64.61		8.42
MEDICAL	3	4		212.53		3.13	.002	70.84		.13
SURGERY	0	0		.00	`	.00	.000	.00		.00
PATHOLOGY	1	1		27.13		27.13	.001	27.13		.02
RADIOLOGY	0	0		.00	-	.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	216	573		13,846.31	-	24.16	.343	64.10		8.28
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	39	573	Ś	81,144.71	\$ 14	11.61		\$ 2080.63	Ś	48.53
LEV A-INTERMEDIATE	0	0	т	.00	т ±	.00	.000	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV D TRANSTITONAL IT CARE	2.0	F73		01 144 71	4	11 (1	242	2000 62		40 50

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

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@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	459	866	\$	38,827.92	\$	44.84	.518	\$ 84.59	\$	23.22
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	1	1		78.00		78.00	.001	78.00		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	459	865		38,749.92		44.80	.517	84.42		23.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC 2002	E	PAGE 6,748
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	E SU	PPORT - AGED		AID CODE	18			
							MC	NTHLY AVER	AGE	
1,672 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	913	17,406	\$	284,438.01	\$	16.34	10.410	\$ 311.54	\$	170.12
DURABLE MED. EQUIP.	24	61		11,925.35		195.50	.036	496.89		7.13
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		563.32		281.66	.001	281.66		.34
MEDICAL TRANSPORTATION	63	1,380		6,333.06		4.59	.825	100.52		3.79
AMBULANCES/AIR TRANS	4	6		593.92		98.99	.004	148.48		.36
OTHER TRANS	8	151		511.14		3.39	.090	63.89		.31
OTHER SERVICES	53	1,223		5,228.00		4.27	.731	98.64		3.13
ACUPUNCTURE	5	9		156.79		17.42	.005	31.36		.09
ADULT DAY HEALTH CARE CTR	40	346		23,166.58		66.96	.207	579.16		13.86
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	595	4,303		209,350.78		48.65	2.574	351.85		125.21
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	39	89		1,224.49		13.76	.053	31.40		.73
PHYSICAL THERAPIST	11	149		348.06		2.34	.089	31.64		.21

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	10	256.14	25.61	.006	85.38	.15
PROSTHETICS	3	10	256.14	25.61	.006	85.38	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	30	54	5,636.07	104.37	.032	187.87	3.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	375	11,003	25,477.37	2.32	6.581	67.94	15.24
@CALIF. CHILDREN SERVICES*	3	482	\$ 230.51	\$.48	.288	\$ 76.84	\$.14
@XOVER EXCLUDING STATE HOSP**	742	5 , 065	\$ 114,238.29	\$ 22.55	3.029	\$ 153.96	\$ 68.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,749
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR I	N HOME	SUPPO	ORT - BLIND		AID CODE	28			
								Mo	TNC	HLY AVERA	GE
14 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY:	3 (COST PER	COST PER
		OR DAYS O	F CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13		164	\$	7,284.49	\$	44.42	11.714	\$	560.35	\$ 520.32
@PHYSICIANS SERVICES	3		11	\$	39.21	\$	3.56	.786	\$	13.07	\$ 2.80
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	3		11		39.21		3.56	.786		13.07	2.80
@PHARMACY	12		78	\$	4,893.52	\$	62.74	5.571	\$	407.79	•
PRESCRIPTION DRUGS	12		75		4,752.55		63.37	5.357		396.05	339.47

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	75	4,752.55	63.37	5.357	396.05	339.47
MEDICAL SUPPLIES	3	3	140.97	46.99	.214	46.99	10.07
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,750
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

AID CODE 28

MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

----- MONTHLY AVERAGE -----14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES Ω .00 .000 .00 . 00 .00 .00 @CHIROPRACTOR .00 .000 \$.00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OTHER SERVICES .00 11.17 11.17 \$ @PODIATRIST 44.67 .286 \$ 3.19 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 4 44.67 11.17 .286 11.17 3.19 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$ \$.00 NURSE MIDWIFE .000 \$.00 \$.00 .00 \$.00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$.00 0 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 @TOTAL HOSPITAL 13.13 6.57 .143 \$ 13.13 \$. 94 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS . 00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .000 13.13 6.57 HOSP OUTPATIENT TOTAL .143 13.13 .94 MEDICAL .00 .00 .000 .00 .00 .00 .000 SURGERY .00 .00 .00 PATHOLOGY 13.13 6.57 .143 13.13 . 94

RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	002 THRU DEC	2002	PAGE	6 , 751
MOP024	FEE-FOR-SERVICE/DENTAL						01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE 2	28			
					MONTE	HLY AVERAG	E	

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 13.13	\$ 6.57	.143 \$	13.13	\$.94
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	13.13	6.57	.143	13.13	.94
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	13.13	6.57	.143	13.13	.94
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$	125.22	\$	15.65	.571	\$	17.89	\$	8.94
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	8		125.22		15.65	.571		17.89		8.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN 200	02 THRU	DEC	2002	PA	GE 6,752
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28	8				

		220 1011 111 110112 001101	2211.2	1112 0022	707		CE
14 BLIGIDIDG	HOEDO	INTEG OF GERLIGE		ATTERNACE COOR	MON		-
14 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	0 4 60 = 4	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	61 \$	2,168.74	\$ 35.55	4.357 \$		\$ 154.91
DURABLE MED. EQUIP.	1	1	24.45	24.45	.071	24.45	1.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
	0	0		.00			.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	60	2,144.29	35.74	4.286	357.38	153.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	15 \$	83.88	\$ 5.59	1.071 \$	13.98	\$ 5.99
OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 2,144.29 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 4.286 .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,753 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR IN HOM	E SUPP	ORT - DISABLED	AID CODE	68		
						MON	ITHLY AVERA	GE
1,203 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,174	64 , 375	\$	1,055,042.26	\$ 16.39	53.512 \$	898.67	\$ 877.01
@PHYSICIANS SERVICES	235	792	\$	30,767.43	\$ 38.85	.658 \$	130.93	\$ 25.58
OUTPATIENT VISITS	43	53		1,739.18	32.81	.044	40.45	1.45
OFFICE VISITS	38	47		1,574.77	33.51	.039	41.44	1.31
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6		164.41	27.40	.005	27.40	.14
INPATIENT VISITS	17	104		5 , 913.96	56.87	.086	347.88	4.92
HOSPITAL VISITS	17	93		5,003.86	53.80	.077	294.34	4.16
CRITICAL CARE	2	11		910.10	82.74	.009	455.05	.76
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		123.45	41.15	.002	41.15	.10
EXAMINATIONS	3	3		123.45	41.15	.002	41.15	.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	45		4,139.48	91.99	.037	459.94	3.44
PRINCIPAL SURGEON	6	8		2,946.25	368.28	.007	491.04	2.45
ASSISTANT SURGEON	1	1		107.22	107.22	.001	107.22	.09
ANESTHESIOLOGIST	3	36		1,086.01	30.17	.030	362.00	.90
OUTPATIENT SURGERY	9	43		4,031.92	93.77	.036	447.99	3.35
PRINCIPAL SURGEON	4	8		3,037.16	379.65	.007	759.29	2.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	35		994.76	28.42	.029	198.95	.83
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	24		485.62	20.23	.020	40.47	.40

RADIOLOGY	28	46		2,467.97		53.65	.038		88.14		2.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	35		4,776.41		136.47	.029		434.22		3.97
OTHER SERVICES/ALL X-OVERS	177	439		7,089.44		16.15	.365		40.05		5.89
@PHARMACY	973	8,170	\$	627,061.34	\$	76.75	6.791	\$	644.46	\$	521.25
PRESCRIPTION DRUGS	952	5,041		614,420.52		121.88	4.190		645.40		510.74
SNF/ICF	22	175		12,389.44		70.80	.145		563.16		10.30
OUTPATIENTS	935	4,866		602,031.08		123.72	4.045		643.88		500.44
MEDICAL SUPPLIES	112	3 , 129		12,640.82		4.04	2.601		112.86		10.51
@DENTIST	42	135	\$	5,487.00	\$	40.64	.112	\$	130.64	\$	4.56
VISITS - DIAGNOSTIC	27	72		1,243.00		17.26	.060		46.04		1.03
ORAL SURGERY	8	28		2,006.00		71.64	.023		250.75		1.67
DRUGS	1	1		.00		.00	.001		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.001		55.00		.05
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	13	23		1,503.00		65.35	.019		115.62		1.25
PROSTHETICS	2	2		60.00		30.00	.002		30.00		.05
DENTURES, STAYPLATES	4	8		620.00		77.50	.007		155.00		.52
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH	H-OF-PAYMENT REI	PORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 6,754
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

AID CODE 68

----- MONTHLY AVERAGE -----1,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 63 1,278.29 .052 \$ @OPTOMETRIST 20.29 39.95 \$ 1.06 5 5 45.36 DIAGNOSTIC AND ANC. PROCED 226.80 .004 45.36 .19 EYE APPLIANCES 23 51 873.72 17.13 .042 37.99 .73 OTHER OPTOMETRIC SERVICES 177.77 25.40 .006 25.40 .15 @CHIROPRACTOR 1 16.72 \$ 16.72 .001 \$ 16.72 \$.01 0 .00 .000 .00 .00 VISITS .00 1 16.72 .001 16.72 OTHER SERVICES 16.72 .01 @PODIATRIST 11 24 261.50 10.90 .020 \$ 23.77 \$.22 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 11 24 261.50 10.90 .020 23.77 .22 @HOME HEALTH AGENCY 3 13 1,037.26 79.79 .011 \$ 345.75 \$.86 NURSE ANESTHESIST 30 70.26 2.34 .025 \$ 11.71 .06 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 .00 223 @TOTAL HOSPITAL 1,311 155,632.57 \$ 118.71 1.090 697.90 129.37 HOSP INPATIENT TOTAL 126,606.93 781.52 4689.15 105.24 162 .135 HSC HOSPITALS 18 1637.44 29,474.00 .015 14737.00 24.50 29 80,896.77 2789.54 13482.80 NON-HSC HOSPITAL TOTAL .024 67.25 29 766.33 .024 3703.95 ACCOMMODATIONS 22,223.68 18.47 51.90 .00 .000 .00 .04 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 29 22,171.78 764.54 .024 3695.30 18.43 ANCILLARIES 58,673.09 .000 9778.85 48.77

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

MENDOCINO COUNTY

INPATIENT CROSSOVERS	19	115	16,236.16	141.18	.096	854.53	13.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	217	1,149	29,025.64	25.26	.955	133.76	24.13
MEDICAL	27	40	2,624.67	65.62	.033	97.21	2.18
SURGERY	9	11	1,050.70	95.52	.009	116.74	.87
PATHOLOGY	50	374	4,588.14	12.27	.311	91.76	3.81
RADIOLOGY	24	39	8,006.49	205.29	.032	333.60	6.66
	26	37	1,944.95	52.57	.032	74.81	1.62
ROOM USE			-				
CROSSOVERS/ALL OTH OUTPTNT	155	648	10,810.69	16.68	.539	69.75	8.99
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	Ü	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,755
MOP024	FEE-FOR-SERVICE	/ DENIER I					
	L D D = L O K = O D K A T C D Y	/ DENTAL					01/1/03
			ORT - DISABLED	AID CODE	68		01/17/03
MENDOCINO COUNTY		CES FOR IN HOME SUPPO	DRT - DISABLED	AID CODE		ITHI.Y AVERA	
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPO			MON		GE
MENDOCINO COUNTY		ICES FOR IN HOME SUPPO UNITS OF SERVICE	DRT - DISABLED EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
MENDOCINO COUNTY 1,203 ELIGIBLES	SUMMARY OF SERVI	ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVE USERS 223	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$	EXPENDITURES 155,632.57	AVERAGE COST PER UNIT/DAY \$ 118.71	MON UNITS/DAYS PER ELIG 1.090 \$	COST PER USER 697.90	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVE USERS 223 27	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162	EXPENDITURES 155,632.57 126,606.93	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52	MON UNITS/DAYS PER ELIG 1.090 \$.135	COST PER USER 697.90 4689.15	COST PER ELIGIBLE \$ 129.37 105.24
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 223 27 2	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18	EXPENDITURES 155,632.57 126,606.93 29,474.00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015	COST PER USER 697.90 4689.15 14737.00	COST PER ELIGIBLE \$ 129.37 105.24 24.50
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 223 27	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024	COST PER USER 697.90 4689.15 14737.00 13482.80	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 223 27 2 6 6	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25 18.47
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25 18.47 .04
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25 18.47
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25 18.47 .04
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00	COST PER ELIGIBLE \$ 129.37 105.24 24.50 67.25 18.47 .04
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 6	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 29	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .004	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 6 6 19	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 29 0 115	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .024 .000 .096	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 6 19 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .024 .000 .096 .000	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 6 6 19 0 217	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 29 0 115 0 1,149	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .024 .000 .096 .000 .955	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 6 6 19 0 217 27	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .024 .000 .096 .000 .955 .033	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 19 0 217 27 9	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .000 .000 .000 .096 .000 .955 .033 .009	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVE USERS 223 27 2 6 6 0 0 0 19 0 217 27 9 50	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .000 .000 .096 .000 .955 .033 .009 .311	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 217 27 9 50 24	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 6 6 19 0 217 27 9 50 24 26	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .024 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 6 6 19 0 217 27 9 50 24 26 155	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 6 6 19 0 217 27 9 50 24 26 155 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648 0 \$	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68 \$.00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539 .000 \$	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75 .00	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 6 6 19 0 217 27 9 50 24 26 155 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69 .00 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68 \$.00 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75 .00 .00	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 217 27 9 50 24 26 155 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648 0 \$	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68 \$.00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539 .000 \$	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75 .00	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 6 6 19 0 217 27 9 50 24 26 155 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648 0 \$ 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69 .00 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68 \$.00 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539 .000 \$.000	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75 .00 .00 .00	COST PER ELIGIBLE \$ 129.37
MENDOCINO COUNTY 1,203 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 223 27 2 6 6 6 0 0 0 217 27 9 50 24 26 155 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 1,311 \$ 162 18 29 29 0 0 115 0 1,149 40 11 374 39 37 648 0 \$ 0 0	EXPENDITURES 155,632.57 126,606.93 29,474.00 80,896.77 22,223.68 51.90 .00 22,171.78 58,673.09 16,236.16 .00 29,025.64 2,624.67 1,050.70 4,588.14 8,006.49 1,944.95 10,810.69 .00 .00	AVERAGE COST PER UNIT/DAY \$ 118.71 781.52 1637.44 2789.54 766.33 .00 .00 764.54 .00 141.18 .00 25.26 65.62 95.52 12.27 205.29 52.57 16.68 \$.00 .00 .00	MON UNITS/DAYS PER ELIG 1.090 \$.135 .015 .024 .000 .000 .000 .024 .000 .096 .000 .955 .033 .009 .311 .032 .031 .539 .000 .000 .000	COST PER USER 697.90 4689.15 14737.00 13482.80 3703.95 .00 .00 3695.30 9778.85 854.53 .00 133.76 97.21 116.74 91.76 333.60 74.81 69.75 .00 .00 .00	COST PER ELIGIBLE \$ 129.37

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	15	230		34,083.55		148.19	.191		2272.24		28.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	184	\$	19,354.75	\$	105.19	.153	\$	744.41	\$	16.09
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	26	184		19,354.75		105.19	.153		744.41		16.09
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	53	\$	579.90	\$	10.94	.044	\$	82.84	\$.48
PATHOLOGY	7	53		579.90		10.94	.044		82.84		.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	475	1,105	\$	55,312.67	\$	50.06	.919	\$	116.45	\$	45.98
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		191.12		63.71	.002		95.56		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	474	1,102		55 , 121.55		50.02	.916		116.29		45.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,756
MOP024	FEE-FOR-SERVICE/DENTA	.L									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES F	OR IN HOM	E SUPPO	RT - DISABLED		AID CODE	E 68				

----- MONTHLY AVERAGE -----1,203 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 124,099.02 \$ 2.37 43.445 \$ 331.82 \$ 103.16 374 52,264 \$ @ALL OTHER PROVIDERS 130 46 37.86 DURABLE MED. EQUIP. 0 BLOOD BANK 0 .00 7 22 4 11 HEARING AID DISPENSERS .22 254 56 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 1.08 3 19 OTHER TRANS 179 OTHER SERVICES 77 ACUPUNCTURE 185 2.60 29 ADULT DAY HEALTH CARE CTR 1.60 GENETIC DISEASE TESTING 0 1,110 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 59 30.59 OCCUPATIONAL THERAPIST 0 0 26 9 OPTICIAN 66 .87 PHYSICAL THERAPIST 169 . 67 0 PORTABLE X-RAY 20 .43 PROSTHETIST/ORTHOTISTS 19 .41 PROSTHETICS ORTHOTICS .02 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .18 HOSPICE SERVICES .63 .00 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	204	50 , 277	28,402.93	.56	41.793	139.23	23.61
@CALIF. CHILDREN SERVICES*	17	363	\$ 13,900.97	\$ 38.29	.302 \$	817.70	\$ 11.56
@XOVER EXCLUDING STATE HOSP**	409	8,473	\$ 71,727.45	\$ 8.47	7.043 \$	175.37	\$ 59.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

Common	112112001110 0001111	SOLUTION OF SERVICES FOR THE HOLE SOLITONS			0111	MONTHLY AVERAGE						
## STOTAL, ALL PROVIDERS	2,889 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
Persicians Services			OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
OFFICE VISITS 38 47 1,739.18 32.81 .018 40.45 .60 OFFICE VISITS 38 47 1,739.18 32.81 .018 40.45 .55 HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@TOTAL, ALL PROVIDERS	2,744	97,823	\$	2,010,286.90	\$	20.55	33.861	\$	732.61	\$	695.84
OFFICE VISITS 38 47 1,574.77 33.51 .016 41.44 .55 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 OFFEVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OF VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 6 6 6 6 164.41 27.40 .00 .27.40 .06 INPATIENT VISITS 17 104 5,913.96 56.87 .036 347.88 2.05 HOSPITAL VISITS 17 93 5.003.86 53.80 .032 294.34 1.73 CRITICAL CARE 2 11 910.10 82.74 .004 455.05 .32 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 3 3 3 122.45 41.15 .001 41.13 .04 EXAMINATIONS 17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	@PHYSICIANS SERVICES	540	1,635	\$		\$.566	\$	77.71	\$	14.53
HOME VISITS	OUTPATIENT VISITS	43	53		1,739.18		32.81	.018		40.45		.60
MEMERICHY ROOM	OFFICE VISITS	38	47		1,574.77		33.51	.016		41.44		.55
PREVENTIVE CARE O	HOME VISITS	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT 6 6 6 6 164.41 27.40 .002 27.40 .06 1NPATTENT VISITS 17 104 5.913.96 56.87 .036 347.88 2.05 HOSPITAL VISITS 17 93 5.003.86 53.80 .032 294.34 1.73 2.55 EMBORDITAL VISITS 17 93 5.003.86 53.80 .032 294.34 1.73 2.55 EMBORDITAL VISITS 17 93 5.003.86 53.80 .032 294.34 1.73 2.55 EMBORDITAL VISITS 19 20 10 10 .00 .00 .00 .00 .00 .00 .00 .00	PREVENTIVE CARE	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT 6 6 6 164.41 27.40 .002 27.40 .06 INPATTENT VISITS 17 104 5.913.96 56.87 .036 347.88 2.05 HOSPITAL VISITS 17 93 5.003.86 53.80 .032 294.34 1.73 CRITICAL CARE 2 11 90.010 82.74 .004 455.05 .32 SNF/ICE/TRANS IP CARE 0 0 0 .00 .00 .00 .000 .00 .00 .00 OPHHARMOLGICAL SERVICES 3 3 3 123.45 41.15 .001 41.15 .04 EXAMINATIONS 3 3 123.45 41.15 .001 41.15 .04 EXAMINATIONS 3 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATTENT HOSPITAL SURGERY 9 45 4,139.48 91.99 .016 459.94 1.43 PRINCIPAL SURGEON 6 8 8 2.946.25 368.28 .003 491.04 1.02 AMESTHESIOLOGIST 3 3 36 1.07.22 .000 107.22 .00 AMESTHESIOLOGIST 3 3 36 1.008.01 30.17 .012 362.00 .38 OUTPATTENT HOSPITAL SURGEON 4 8 3 3,037.16 379.65 .003 759.29 1.05 ARSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	OTHER OUTPATIENT		6		164.41							.06
HOSPITAL VISITS	INPATIENT VISITS	17	104		5,913.96			.036				2.05
CRITICAL CARE 2 11 910.10 82.74 .004 455.05 .32 SNP/ICF/TRANS IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	17	93									
SNF/ICF/TRANS IP CARRE O OPHTHAIMOLOGICAL SERVICES 3 3 3 123.45 41.15 .001 41.15 .04 EXAMINATIONS 3 3 123.45 41.15 .001 41.15 .04 SERVICES AND MATERIALS O 0 0 1NPATIENT HOSPITAL SURGERY 9 45 41.39.48 91.99 .016 459.94 1.43 FRINCIPAL SURGEON 6 8 2,946.25 368.28 .003 491.04 1.02 ANSSTRANT SURGEON 1 1 1 107.22 107.22 .000 107.22 .004 ANESTHESIOLOGIST 3 3 36 1,086.01 30.17 .012 362.00 38 ANSSTRANT SURGERY 10 57 4,291.39 75.29 .020 429.14 1.49 PRINCIPAL SURGEON 4 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 379.65 .003 759.29 1.05 ANSSTRANT SURGEON 4 8 8 3,037.16 309.60 .000 .000 .000 .000 .000 ANSSTRESTOLOGIST 6 4 9 4 8 4 8 4 8 4 8 7 8 8 7 8 8 7 8 8 8 8 8	CRITICAL CARE	2	11				82.74	.004		455.05		.32
OPHTHALMOLOGICAL SERVICES 3 3 123.45 41.15 .001 41.15 .04		0	0		.00					.00		.00
EXAMINATIONS 3 3 3 123.45 41.15 .001 41.15 .04 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OPHTHALMOLOGICAL SERVICES	3	3		123.45			.001		41.15		.04
SERVICES AND MATERIALS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .		3										.04
INPATIENT HOSPITAL SURGERY 9	SERVICES AND MATERIALS	0			.00			.000				.00
PRINCIPAL SURGEON 6 8 2,946.25 368.28 .003 491.04 1.02 ASSISTANT SURGEON 1 1 1 107.22 107.22 .000 107.22 .04 ANESTHESIOLOGIST 3 366 1,086.01 30.17 .012 362.00 .38 OUTPATIENT SURGERY 10 57 4,291.39 75.29 .020 429.14 1.49 PRINCIPAL SURGEON 4 8 3,037.16 379.65 .003 759.29 1.05 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT HOSPITAL SURGERY	9	45					.016				1.43
ASSISTANT SURGEON ANESTHESIOLOGIST 3 3 6 1,086.01 30.17 0.012 362.00 38 OUTPATIENT SURGERY 10 57 4,291.39 75.29 0.20 429.14 1.49 PRINCIPAL SURGEON 4 8 3,037.16 379.65 0.03 759.29 1.05 ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6										
ANESCHESIOLOGIST OUTPATIENT SURGERY 10 57 4,291.39 75.29 0.02 429.14 1.49 PRINCIPAL SURGEON 4 8 3,037.16 379.65 0.03 759.29 1.05 ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1										
OUTPATIENT SURGERY 10 57 4,291.39 75.29 .020 429.14 1.49 PRINCIPAL SURGEON 4 8 3,037.16 379.65 .003 759.29 1.05 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		3	36									.38
PRINCIPAL SURGEON 4 8 3,037.16 379.65 .003 759.29 1.05 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 6 49 1,254.23 25.60 .017 209.04 .43 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 12 24 485.62 20.23 .008 40.47 .17 RADIOLOGY 29 47 2,489.57 52.97 .016 85.85 .86 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 35 4,776.41 136.47 .012 434.22 1.65 OTHER SERVICES/ALL X-OVERS 480 1,267 18,006.35 14.21 .439 37.51 6.23 @PHARMACY 2,253 20,852 \$ 1,098,896.93 \$ 52.70 7.218		10										
ASSISTANT SURGEON ANESTHESIOLOGIST 6 49 1,254.23 25.60 .017 209.04 .43 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 12 24 485.62 20.23 .008 40.47 .17 RADIOLOGY 29 47 2,489.57 52.97 .016 85.85 .86 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 11 35 4,776.41 136.47 .012 434.22 1.65 OTHER SERVICES/ALL X-OVERS 480 1,267 18,006.35 14.21 .439 37.51 6.23 PHARMACY 2,253 20,852 \$ 1,098,896.93 \$ 52.70 7.218 \$ 487.75 \$ 380.37 PRESCRIPTION DRUGS 2,212 10,710 1,071,468.15 100.04 3.707 484.39 370.88 SNF/ICF 67 468 26,536.06 56.70 .162 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST GROUND STRICK 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 1 2 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65		4	8									
ANESTHESIOLOGIST 6 49 1,254.23 25.60 .017 209.04 .43 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0										
DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6	49					.017				.43
PATHOLOGY 12 24 485.62 20.23 .008 40.47 .17 RADIOLOGY 29 47 2,489.57 52.97 .016 85.85 .86 PSYCHIATRY 0 0 0 .00 .00 .00 .000 .000 .000 IMMUNIZATION AND INJECTION 11 35 4,776.41 136.47 .012 434.22 1.65 OTHER SERVICES/ALL X-OVERS 480 1,267 18,006.35 14.21 .439 37.51 6.23 @PHARMACY 2,253 20,852 \$ 1,098,896.93 \$ 52.70 7.218 \$ 487.75 \$ 380.37 PRESCRIPTION DRUGS 2,212 10,710 1,071,468.15 100.4 3.707 484.39 370.88 SNF/ICF 67 468 26,536.06 56.70 1.62 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 11 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 .55.00 .00 .00 .00 PERIODONTICS 0 0 0 0 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65		0										
RADIOLOGY 29 47 2,489.57 52.97 .016 85.85 .86 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		12	24									.17
PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			47									
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OTHER SERVICES/ALL X-OVERS 480 1,267 18,006.35 14.21 .439 37.51 6.23 (PHARMACY 2,253 20,852 \$ 1,098,896.93 \$ 52.70 7.218 \$ 487.75 \$ 380.37 PRESCRIPTION DRUGS 2,212 10,710 1,071,468.15 100.04 3.707 484.39 370.88 SNF/ICF 67 468 26,536.06 56.70 1.62 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 (PDENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 1 1 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 55.00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65			35									
@PHARMACY 2,253 20,852 \$ 1,098,896.93 \$ 52.70 7.218 \$ 487.75 \$ 380.37 PRESCRIPTION DRUGS 2,212 10,710 1,071,468.15 100.04 3.707 484.39 370.88 SNF/ICF 67 468 26,536.06 56.70 .162 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00		480	1,267									6.23
PRESCRIPTION DRUGS 2,212 10,710 1,071,468.15 100.04 3.707 484.39 370.88 SNF/ICF 67 468 26,536.06 56.70 .162 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 ENDODONTICS 2 2 110.00 55.00 .00 .00 .00				\$		\$			\$		\$	
SNF/ICF 67 468 26,536.06 56.70 .162 396.06 9.19 OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 .55.00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00	-			·							·	
OUTPATIENTS 2,168 10,242 1,044,932.09 102.02 3.545 481.98 361.69 MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 2 2 110.00 55.00 .001 .55.00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65												
MEDICAL SUPPLIES 306 10,142 27,428.78 2.70 3.511 89.64 9.49 @DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 55.00 .00 ENDODONTICS 0 0 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65												
@DENTIST 81 265 \$ 10,165.00 \$ 38.36 .092 \$ 125.49 \$ 3.52 VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 55.00 .04 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65		•										
VISITS - DIAGNOSTIC 56 149 2,392.00 16.05 .052 42.71 .83 ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 55.00 .04 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65			•	Ś		\$			Ś		Ś	
ORAL SURGERY 16 65 4,668.00 71.82 .022 291.75 1.62 DRUGS 1 1 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 2 2 2 110.00 55.00 .001 55.00 .04 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65	•	56				'						
DRUGS 1 1 0.00 .00 .000 .00 <td></td>												
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1	1		•							
PERIODONTICS 2 2 110.00 55.00 .001 55.00 .04 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65		0										
ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65		•										
RESTORATIVE DENTISTRY 17 31 1,865.00 60.16 .011 109.71 .65												
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		3										

DENIMIDE C. CMAVDIAMEC	٥		14		1,040.00		74.29	.005		115.56		.36
DENTURES, STAYPLATES SPACE MAINTAINERS	9		0		.00		.00	.000		.00		.00
	0		0									
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ü		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC	2002	PA	•
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPOR	T							
								MO	NTH	ILY AVERA	GE -	
2,889 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	С	OST PER	С	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@OPTOMETRIST	63		147	\$	2,849.55	\$	19.38	.051	\$	45.23	\$.99
DIAGNOSTIC AND ANC. PROCED	13		13		595.95		45.84	.004		45.84		.21
EYE APPLIANCES	47		114		2,002.82		17.57	.039		42.61		.69
OTHER OPTOMETRIC SERVICES	14		20		250.78		12.54	.007		17.91		.09
@CHIROPRACTOR	1		1	\$	16.72	\$	16.72	.000	\$	16.72	\$.01
VISITS	0		0	•	.00	·	.00	.000		.00		.00
OTHER SERVICES	1		1		16.72		16.72	.000		16.72		.01
@PODIATRIST	44		62	Ś	634.25	Ś	10.23		Ś	14.41	Ś	.22
MEDICINE/INJECTIONS	0		0	'	.00	'	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	44		62		634.25		10.23	.021		14.41		.22
@HOME HEALTH AGENCY	3		13	\$	1,037.26	\$	79.79		Ś	345.75	Ś	.36
NURSE ANESTHESIST	9		38	ς ς	149.25	Š	3.93		\$	16.58	Š	.05
NURSE MIDWIFE	0		0	¢	.00	¢	.00	.000	Υ ¢	.00	¢	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ċ	.00	ç	.00	.000	۲ د	.00	٠ د	.00
	. 0		0	<u>ب</u>		<u>ئ</u>			ب د		ې د	
FAMILY NURSE PRACTITIONER	U		U	<u>ې</u>	.00	P.	.00	.000	ې	.00	P	.00

2,035 \$

18

306

204,736.24 \$ 100.61 161,611.50 528.14 29,474.00 1637.44

.704 \$ 440.29 \$

.106 2244.60 .006 14737.00

70.87

55.94

10.20

465

72

2

HOSP INPATIENT TOTAL

@TOTAL HOSPITAL

HSC HOSPITALS

NON-HSC HOSPITAL TOTAL	6	29		80,896.77	2789.54	.010	13482.80	28.00
ACCOMMODATIONS	6	29		22,223.68	766.33	.010	3703.95	7.69
ADMINISTRATIVE DAYS	0	0		51.90	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29		22,171.78	764.54	.010	3695.30	7.67
ANCILLARIES	6	0		58,673.09	.00	.000	9778.85	20.31
INPATIENT CROSSOVERS	64	259		51,240.73	197.84	.090	800.64	17.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	436	1,729		43,124.74	24.94	.598	98.91	14.93
MEDICAL	30	44		2,837.20	64.48	.015	94.57	.98
SURGERY	9	11		1,050.70	95.52	.004	116.74	.36
PATHOLOGY	52	377		4,628.40	12.28	.130	89.01	1.60
RADIOLOGY	24	39		8,006.49	205.29	.013	333.60	2.77
ROOM USE	26	37		1,944.95	52.57	.013	74.81	.67
CROSSOVERS/ALL OTH OUTPINT	371	1,221		24,657.00	20.19	.423	66.46	8.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	ES MONTH-	OF-PAYMENT REI	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,759
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT					
						M	ONTHLY AVERA	GE

2,889 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	465	2 , 035 \$	204,736.24	\$ 100.61	.704	\$ 440.29	\$ 70.87
COMM HOSP INPATIENT TOTAL	72	306	161,611.50	528.14	.106	2244.60	55.94
HSC HOSPITALS	2	18	29,474.00	1637.44	.006	14737.00	10.20
NON-HSC HOSPITALS TOTAL	6	29	80 , 896.77	2789.54	.010	13482.80	28.00
ACCOMMODATIONS	6	29	22,223.68	766.33	.010	3703.95	7.69
ADMINISTRATIVE DAYS	0	0	51.90	.00	.000	.00	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	22 , 171.78	764.54	.010	3695.30	7.67
ANCILLARIES	6	0	58 , 673.09	.00	.000	9778.85	20.31
INPATIENT CROSSOVERS	64	259	51,240.73	197.84	.090	800.64	17.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	436	1,729	43,124.74	24.94	.598	98.91	14.93
MEDICAL	30	44	2,837.20	64.48	.015	94.57	.98
SURGERY	9	11	1,050.70	95.52	.004	116.74	.36
PATHOLOGY	52	377	4,628.40	12.28	.130	89.01	1.60
RADIOLOGY	24	39	8,006.49	205.29	.013	333.60	2.77
ROOM USE	26	37	1,944.95	52.57	.013	74.81	.67

CROSSOVERS/ALL OTH OUTPINT	371	1,221		24,657.00		20.19	.423		66.46		8.53
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	54	803	\$	115,228.26	\$	143.50	.278	\$	2133.86	\$	39.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	803		115,228.26		143.50	.278		2133.86		39.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	39	209	\$	29,056.55	\$	139.03	.072	\$	745.04	\$	10.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	39	209		29,056.55		139.03	.072		745.04		10.06
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	53	\$	579.90	\$	10.94	.018	\$	82.84	\$.20
PATHOLOGY	7	53		579.90		10.94	.018		82.84		.20
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	941	1,979	\$	94,265.81	\$	47.63	.685	\$	100.18	\$	32.63
CLINIC	0	0	·	.00	·	.00	.000	•	.00	·	.00
SURGICENTER	3	4		269.12		67.28	.001		89.71		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	940	1,975		93,996.69		47.59	.684		100.00		32.54
			RES N	MONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 6,760
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY		JICES FOR IN HOM	E SUE	PPORT							. , , ,
							M	TNC	HLY AVERA	GE	
2,889 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	USERS 1,293 71 0	OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,293	69,731	\$	410,705.77	\$	5.89	24.137	\$	317.64	\$	142.16
DURABLE MED. EQUIP.	71	192		57,500.08		299.48	.066		809.86		19.90
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	9	13		833.63		64.13	.004		92.63		.29
MEDICAL TRANSPORTATION	85	1,634		11,000.11		6.73	.566		129.41		3.81
AMBULANCES/AIR TRANS	8	62		1,891.63		30.51	.021		236.45		.65
OTHER TRANS	11	170		781.09		4.59	.059		71.01		.27
OTHER SERVICES	69	1,402		8,327.39		5.94	.485		120.69		2.88
ACUPUNCTURE	82	194		3,287.21		16.94	.067		40.09		1.14
ADULT DAY HEALTH CARE CTR	46	375		25,096.24		66.92	.130		545.57		8.69
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	660	5,473		248,293.59		45.37	1.894		376.20		85.94
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	65	155		2,276.97		14.69	.054		35.03		.79
PHYSICAL THERAPIST	20	318		1,149.31		3.61	.110		57.47		.40
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	8	30		774.10		25.80	.010		96.76		.27
PROSTHETICS	7	29		751.05		25.90	.010		107.29		.26
ORTHOTICS	1	1		23.05		23.05	.000		23.05		.01
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	3.2	5.0		5 854 01		100 03	020		192 9/		2 03

58

100.93

5,854.01

.020

182.94

2.03

SPEECH AND AUDIOLOGY

32

HOSPICE SERVICES	1	9	760.22	84.47	.003	760.22	.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	579	61,280	53,880.30	.88	21.211	93.06	18.65
@CALIF. CHILDREN SERVICES*	20	845	\$ 14,131.48	\$ 16.72	.292	\$ 706.57	\$ 4.89
@XOVER EXCLUDING STATE HOSP**	1,157	13,553	\$ 186,049.62	\$ 13.73	4.691	\$ 160.80	\$ 64.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,761
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASS	ISTANCE - AGED				
					MON'	THLY AVERA	.GE
9,428 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,709	129,016 \$	3,551,322.77	\$ 27.53	13.684 \$	460.67	\$ 376.68
@PHYSICIANS SERVICES	1,501	3 , 817 \$	56,421.97	\$ 14.78	.405 \$	37.59	\$ 5.98
OUTPATIENT VISITS	19	32	816.10	25.50	.003	42.95	.09
OFFICE VISITS	19	32	816.10	25.50	.003	42.95	.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	125.90	62.95	.000	125.90	.01
HOSPITAL VISITS	1	2	125.90	62.95	.000	125.90	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	14	542.11	38.72	.001	49.28	.06
EXAMINATIONS	11	14	542.11	38.72	.001	49.28	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	36	3,909.68	108.60	.004	488.71	.41
PRINCIPAL SURGEON	6	6	3,296.33	549.39	.001	549.39	.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30	613.35	20.45	.003	153.34	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.000	48.20	.01
RADIOLOGY	12	12	423.43	35.29	.001	35.29	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	27.52	13.76	.000	27.52	.00
OTHER SERVICES/ALL X-OVERS	1,464	3,718	50,529.03	13.59	.394	34.51	5.36
@PHARMACY	6 , 297	56 , 997 \$	1,818,116.61	\$ 31.90	6.046 \$		
PRESCRIPTION DRUGS	6 , 227	24,530	1,759,647.77	71.73	2.602	282.58	186.64
SNF/ICF	126	682	35 , 067.06	51.42	.072	278.31	3.72
OUTPATIENTS	6,129	23,848	1,724,580.71	72.32	2.529	281.38	182.92
MEDICAL SUPPLIES	651	32,467	58,468.84	1.80	3.444	89.81	6.20
@DENTIST	197	583 \$	30,074.68	\$ 51.59	.062 \$		•
VISITS - DIAGNOSTIC	138	339	5,354.00	15.79	.036	38.80	.57
ORAL SURGERY	25	67	4,495.00	67.09	.007	179.80	.48

DRUGS	0	0		.00	.00	.000	.0	0	.00
ANESTHESIA	0	0		.00	.00	.000	.0	0	.00
PERIODONTICS	2	2		255.00	127.50	.000	127.5	0	.03
ENDODONTICS	3	4		821.00	205.25	.000	273.6	7	.09
RESTORATIVE DENTISTRY	44	93		8,968.00	96.43	.010	203.8	2	.95
PROSTHETICS	4	4		90.00	22.50	.000	22.5	0	.01
DENTURES, STAYPLATES	33	73		10,091.68	138.24	.008	305.8	1	1.07
SPACE MAINTAINERS	0	0		.00	.00	.000	.0	0	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.0	0	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.0	0	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.0	0	.00
ALL OTHER SERVICES	1	1		.00	.00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU D	DEC 2002		PAGE 6,762
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS1	ISTANCE - AGED					
						MC	NTHLY AVE	RAGE	
9,428 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS		R	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	168	465	\$	8,910.30	\$ 19.16	.049	\$ 53.0	4 \$.95
DIAGNOSTIC AND ANC. PROCED	36	36		1,725.41	47.93	.004	47.9	3	.18
EYE APPLIANCES	130	367		6,366.19	17.35	.039	48.9	7	.68
OTHER OPTOMETRIC SERVICES	44	62		818.70	13.20	.007	18.6		.09
@CHIROPRACTOR	5	9	\$	88.48	\$ 9.83	.001	\$ 17.7) \$.01
VISITS	3	4		66.88	16.72	.000	22.2	9	.01
OTHER SERVICES	2	5		21.60	4.32	.001	10.8	0	.00
@PODIATRIST	133	288	\$	3,697.86	\$ 12.84	.031	\$ 27.8) \$.39
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.0	0	.00
SURGERY/ANES.	0	0		.00	.00	.000	.0	0	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.0		.00
OTHER	133	288		3,697.86	12.84	.031	27.8	0	.39
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.0) \$.00
NURSE ANESTHESIST	19	82	\$	315.31	\$ 3.85	.009			.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		- '	
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000) \$	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000) \$	
@TOTAL HOSPITAL	1,017	3,384	\$	250,944.17		.359			
HOSP INPATIENT TOTAL	161	667		186,091.31	279.00	.071	1155.8		19.74
HSC HOSPITALS	3	10		9,660.96	966.10	.001	3220.3		1.02
NON-HSC HOSPITAL TOTAL	8	22		63,376.73	2880.76	.002	7922.0		6.72
ACCOMMODATIONS	8	22		17,421.70	791.90	.002	2177.7		1.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0		.00
ALL OTHER ACCOM	8	22		17,421.70	791.90	.002	2177.7		1.85
ANCILLARIES	8	0		45,955.03	.00	.000	5744.3		4.87
INPATIENT CROSSOVERS	150	635		113,053.62	178.04	.067	753.6		11.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0		.00
HOSP OUTPATIENT TOTAL	927	2,717		64,852.86	23.87	.288	69.9		6.88
MEDICAL	12	15		383.76	25.58	.002	31.9		.04
SURGERY	3	3		399.92	133.31	.000	133.3		.04
PATHOLOGY	22	57		833.06	14.62	.006	37.8		.09
RADIOLOGY	7	6		784.87	130.81	.001	112.1		.08
ROOM USE	4	7		402.18	57.45	.001	100.5		.04
CDOCCOVEDC/ATT OHI OUHDHAM	003	2 620		62 040 07	22 60	270	60 7	1	6 50

62,049.07

6,188.88 5,908.45

5,908.45

23.60

\$ 515.74 1181.69

1181.69

.279

.001

.001

.001 \$

68.71

884.13 \$

5908.45

5908.45

6.58

.66

.63

.63

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

903

7

1

1

2,629

12

5

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	7	280.43	40.06	.001	46.74	.03
MEDICAL	0	0	8.17	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	7.84	.00	.000	.00	.00
ROOM USE	0	0	23.68	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	7	240.74	34.39	.001	40.12	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	C 2002	PAGE 6,763
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIS	STANCE - AGED				
					MON'	THLY AVERA	GE
9,428 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
9,428 ELIGIBLES	USERS	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	COST PER USER	ELIGIBLE
9,428 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 1,010		244,755.29	PER UNIT/DAY \$ 72.58	PER ELIG .358 \$	COST PER USER 242.33	ELIGIBLE \$ 25.96
.,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG .358 \$	COST PER USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,010	OR DAYS OF CARE 3,372 \$ 662 5	244,755.29 180,182.86 3,752.51	PER UNIT/DAY \$ 72.58 272.18 750.50	PER ELIG .358 \$.070 .001	COST PER USER 242.33 1126.14 1876.26	ELIGIBLE \$ 25.96 19.11 .40
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	1,010	OR DAYS OF CARE 3,372 \$ 662 5 22	244,755.29 180,182.86	PER UNIT/DAY \$ 72.58 272.18	PER ELIG .358 \$.070	COST PER USER 242.33 1126.14 1876.26 7922.09	ELIGIBLE \$ 25.96 19.11 .40 6.72
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	1,010	OR DAYS OF CARE 3,372 \$ 662 5 22 22	244,755.29 180,182.86 3,752.51	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90	PER ELIG .358 \$.070 .001	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71	ELIGIBLE \$ 25.96 19.11 .40 6.72 1.85
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	1,010	OR DAYS OF CARE 3,372 \$ 662 5 22	244,755.29 180,182.86 3,752.51 63,376.73	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76	PER ELIG .358 \$.070 .001 .002	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00	ELIGIBLE \$ 25.96 19.11 .40 6.72
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	1,010	OR DAYS OF CARE 3,372 \$ 662 5 22 22 0 0	244,755.29 180,182.86 3,752.51 63,376.73 17,421.70 .00	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90 .00	PER ELIG .358 \$.070 .001 .002 .002 .000	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00 .00	\$ 25.96 19.11 .40 6.72 1.85 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	1,010	OR DAYS OF CARE 3,372 \$ 662 5 22 22 0 0 22	244,755.29 180,182.86 3,752.51 63,376.73 17,421.70 .00 .00 17,421.70	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90 .00 .00 791.90	PER ELIG .358 \$.070 .001 .002 .002 .000 .000	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00 .00 2177.71	\$ 25.96 19.11 .40 6.72 1.85 .00 .00 1.85
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	1,010 160 2 8 8 0 0	OR DAYS OF CARE 3,372 \$ 662 5 22 22 0 0 22 0	244,755.29 180,182.86 3,752.51 63,376.73 17,421.70 .00 .00 17,421.70 45,955.03	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90 .00 .00 791.90 .00	PER ELIG .358 \$.070 .001 .002 .002 .000 .000 .000 .000	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00 .00 2177.71 5744.38	\$ 25.96 19.11 .40 6.72 1.85 .00 .00 1.85 4.87
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	1,010 160 2 8 8 0 0 0 8 8	OR DAYS OF CARE 3,372 \$ 662 5 22 22 0 0 22 0 635	244,755.29 180,182.86 3,752.51 63,376.73 17,421.70 .00 .00 17,421.70 45,955.03 113,053.62	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90 .00 .00 791.90 .00 178.04	PER ELIG .358 \$.070 .001 .002 .002 .000 .000 .000 .000 .00	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00 .00 2177.71 5744.38 753.69	\$ 25.96 19.11 .40 6.72 1.85 .00 .00 1.85 4.87 11.99
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	1,010 160 2 8 8 0 0	OR DAYS OF CARE 3,372 \$ 662 5 22 22 0 0 22 0	244,755.29 180,182.86 3,752.51 63,376.73 17,421.70 .00 .00 17,421.70 45,955.03	PER UNIT/DAY \$ 72.58 272.18 750.50 2880.76 791.90 .00 .00 791.90 .00	PER ELIG .358 \$.070 .001 .002 .002 .000 .000 .000 .000	COST PER USER 242.33 1126.14 1876.26 7922.09 2177.71 .00 .00 2177.71 5744.38	\$ 25.96 19.11 .40 6.72 1.85 .00 .00 1.85 4.87

COMM HOSP OUTPATIENT TOTAL	921	2,710		64,572.43		23.83	.287		70.11		6.85
MEDICAL	12	15		375.59		25.04	.002		31.30		.04
SURGERY	3	3		399.92		133.31	.000		133.31		.04
PATHOLOGY	22	57		833.06		14.62	.006		37.87		.09
RADIOLOGY	7	6		777.03		129.51	.001		111.00		.08
ROOM USE	4	7		378.50		54.07	.001		94.63		.04
CROSSOVERS/ALL OTH OUTPTNT	897	2,622		61,808.33		23.57	.278		68.91		6.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	129	2,279	\$	312,240.47	\$	137.01	.242	\$	2420.47	\$	33.12
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	129	2,279		312,240.47		137.01	.242		2420.47		33.12
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	63	82	\$	33,884.64	\$	413.23	.009	\$	537.85	\$	3.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	63	82		33,884.64		413.23	.009		537.85		3.59
@REHABILITATION FACILITY	0	1	\$	12.81	\$	12.81	.000	\$.00	\$.00
HOSPITAL BASED	0	1	·	12.81	•	12.81	.000	·	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	16	\$	202.60	\$	12.66	.002	\$	40.52	\$.02
PATHOLOGY	2	11	·	126.15	•	11.47	.001		63.08		.01
XO AND OTHERS	3	5		76.45		15.29	.001		25.48		.01
@ORGANIZED OUTPATIENT CLINIC	2,722	4,900	\$	225,547.05	\$	46.03	.520	\$	82.86	\$	23.92
CLINIC	. 1	, 1	·	46.43	•	46.43	.000		46.43		.00
SURGICENTER	14	21		2,483.82		118.28	.002		177.42		.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,714	4,878		223,016.80		45.72	.517		82.17		23.65
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC		P^{R}	GE 6,764
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MENDOCINO COUNTY		VICES FOR PUBLIC	ASSI	STANCE - AGED							, , , , , ,
							M	ONT	HLY AVERA	GE -	
9,428 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
-,		OR DAYS OF CAR				S LINITA/DAA	,	-	IISER		TIGIBLE

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2,776 56,113 810,865.82 14.45 5.952 \$ 292.10 \$ 86.01 DURABLE MED. EQUIP. 95 268 53,121.73 198.22 .028 559.18 5.63 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 45 78 6,513.80 83.51 .008 144.75 .69 180 7,175 31,824.64 4.44 .761 176.80 3.38 MEDICAL TRANSPORTATION 12 25 1,465.78 58.63 .003 122.15 AMBULANCES/AIR TRANS .16 37 4,882 3.57 .518 470.48 OTHER TRANS 17,407.83 1.85 5.71 OTHER SERVICES 133 2,268 12,951.03 .241 97.38 1.37 196 496 16.96 .053 42.92 .89 ACUPUNCTURE 8,412.66 ADULT DAY HEALTH CARE CTR 132 1,294 86,239.44 66.65 .137 653.33 9.15 .00 0 0 .00 .00 .000 .00 GENETIC DISEASE TESTING 44.74 1.221 352.59 1,461 11,514 515,134.67 54.64 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 201 OPTICIAN 503 6,985.80 13.89 .053 34.76 .74 PHYSICAL THERAPIST 46 439 5,065.90 11.54 .047 110.13 .54

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	21	594.53	28.31	.002	84.93	.06
PROSTHETICS	7	21	594.53	28.31	.002	84.93	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	3	63.58	21.19	.000	31.79	.01
SPEECH AND AUDIOLOGY	139	297	33,296.23	112.11	.032	239.54	3.53
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,038	34,024	63,609.73	1.87	3.609	61.28	6.75
@CALIF. CHILDREN SERVICES*	4	682	\$ 282.55	\$.41	.072	\$ 70.64	\$.03
@XOVER EXCLUDING STATE HOSP**	3,003	19,604	\$ 392,681.85	\$ 20.03	2.079	\$ 130.76	\$ 41.65

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					MON	ITHLY AVERA	GE
800 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	658	60 , 150 \$	662,046.37	\$ 11.01	75.188 \$	1006.15	\$ 827.56
@PHYSICIANS SERVICES	166	657 \$	25 , 150.72	\$ 38.28	.821 \$	151.51	\$ 31.44
OUTPATIENT VISITS	34	46	1,856.80	40.37	.058	54.61	2.32
OFFICE VISITS	26	37	1,498.74	40.51	.046	57.64	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	205.80	41.16	.006	41.16	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	152.26	38.07	.005	38.07	.19
INPATIENT VISITS	5	17	767.08	45.12	.021	153.42	.96
HOSPITAL VISITS	5	16	734.62	45.91	.020	146.92	.92
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	32.46	32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	6	7	379.79	54.26	.009	63.30	.47
EXAMINATIONS	6	7	379.79	54.26	.009	63.30	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72	2,310.18	32.09	.090	385.03	2.89
PRINCIPAL SURGEON	3	3	1,101.27	367.09	.004	367.09	1.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	69	1,208.91	17.52	.086	302.23	1.51
OUTPATIENT SURGERY	19	90	10,229.33	113.66	.113	538.39	12.79
PRINCIPAL SURGEON	14	33	9,057.41	274.47	.041	646.96	11.32
ASSISTANT SURGEON	1	1	118.02	118.02	.001	118.02	.15
ANESTHESIOLOGIST	5	56	1,053.90	18.82	.070	210.78	1.32
DIALYSIS	11	37	3,644.24	98.49	.046	331.29	4.56
PATHOLOGY	4	7	239.01	34.14	.009	59.75	.30
RADIOLOGY	29	54	2,826.95	52.35	.068	97.48	3.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	96	327	2,897.34	8.86	.409	30.18	3.62
@PHARMACY	535	25 , 283 \$	224,462.81	\$ 8.88	31.604 \$	419.56	\$ 280.58
PRESCRIPTION DRUGS	526	2,526	204,654.26	81.02	3.158	389.08	255.82

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	39	379	18,518.19	48.86	.474	474.83	23.15
OUTPATIENTS	495	2,147	186,136.07	86.70	2.684	376.03	232.67
MEDICAL SUPPLIES	120	22 , 757	19,808.55	.87	28.446	165.07	24.76
@DENTIST	19	77 \$	1,965.00	\$ 25.52	.096	\$ 103.42	\$ 2.46
VISITS - DIAGNOSTIC	14	48	711.00	14.81	.060	50.79	.89
ORAL SURGERY	1	4	159.00	39.75	.005	159.00	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	4	.00	.00	.005	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20	995.00	49.75	.025	124.38	1.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,766
	,						/ /

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRO DEC 2002 PAGE 6,766
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MENDOCINO COUNTI	SUMMAKI OF SEK	VICES FOR	FOBLIC	ASSI	STANCE - BLIND			M	ONTITE	HLY AVERA	C E	
800 ELIGIBLES	HOEDO	UNITS OF	CEDITO	,	EXPENDITURES	71.7.7	ERAGE COST			COST PER	-	COST PER
800 FFIGIRES	USERS		-		EXPENDITURES			,				
O O DEFONDED TOE	1.4	OR DAYS			1 000 50		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	14		40	\$	1,890.59	\$	47.26	.050	Ş	135.04	\$	2.36
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.003		47.45		.12
EYE APPLIANCES	11		31		1,659.46		53.53	.039		150.86		2.07
OTHER OPTOMETRIC SERVICES	4		/		136.23		19.46	.009		34.06		.17
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	23		34	\$		\$	10.35	.043	\$	15.30	\$.44
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	23		34		351.99		10.35	.043		15.30		. 44
@HOME HEALTH AGENCY	2		2	\$	104.99	\$	52.50	.003	\$	52.50	\$.13
NURSE ANESTHESIST	2		6	\$	44.79	\$	7.47	.008	\$	22.40	\$.06
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	172		957	\$	79,834.67	\$	83.42	1.196	\$	464.16	\$	99.79
HOSP INPATIENT TOTAL	13		78		55,109.84		706.54	.098		4239.22		68.89
HSC HOSPITALS	1		5		8,250.00		1650.00	.006		8250.00		10.31
NON-HSC HOSPITAL TOTAL	6		29		41,987.84		1447.86	.036		6997.97		52.48
ACCOMMODATIONS	6		29		14,788.67		509.95	.036		2464.78		18.49
ADMINISTRATIVE DAYS	1		6		1,298.99		216.50	.008		1298.99		1.62
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5		23		13,489.68		586.51	.029		2697.94		16.86
ANCILLARIES	6		0		27,199.17		.00	.000		4533.20		34.00
INPATIENT CROSSOVERS	6		44		4,872.00		110.73	.055		812.00		6.09
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	165		879		24,724.83		28.13	1.099		149.85		30.91
MEDICAL	38		65		3,884.45		59.76	.081		102.22		4.86
SURGERY	14		16		1,514.35		94.65	.020		108.17		1.89
PATHOLOGY	70		323		3,532.92		10.94	.404		50.47		4.42
					,							

RADIOLOGY	27	42	4,638.93	110.45	.053	171.81	5.80
ROOM USE	53	87	4,701.76	54.04	.109	88.71	5.88
CROSSOVERS/ALL OTH OUTPTNT	95	346	6,452.42	18.65	.433	67.92	8.07
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	2002	PAGE 6,767
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES I	TOR PUBLIC ASST	STANCE - BLIND				

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MBNDOCINO COUNTI	SOMMAN OF SEN	VICES FOR FOREIC	ADDI	STANCE BEIND		MO	NTHLY AVERA	CE.	
800 ELIGIBLES	USERS	UNITS OF SERVIC	To.	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
000 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
GCOMMINITEN HOCDIEST HORST	172	OR DAIS OF CAR	.£ \$	70 034 67	- ,	_			99.79
@COMMUNITY HOSPITAL TOTAL			Ą	79,834.67	•	1.196		Þ	
COMM HOSP INPATIENT TOTAL	13	78		55,109.84	706.54	.098	4239.22		68.89
HSC HOSPITALS	1	5		-,	1650.00	.006	8250.00		10.31
NON-HSC HOSPITALS TOTAL	6	29		,	1447.86		6997.97		52.48
ACCOMMODATIONS	6	29		14,788.67	509.95		2464.78		18.49
ADMINISTRATIVE DAYS	1	6		1,298.99	216.50	.008	1298.99		1.62
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	23		13,489.68	586.51	.029	2697.94		16.86
ANCILLARIES	6	0		27 , 199.17	.00	.000	4533.20		34.00
INPATIENT CROSSOVERS	6	4 4		4,872.00	110.73	.055	812.00		6.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	165	879		24,724.83	28.13	1.099	149.85		30.91
MEDICAL	38	65		3,884.45	59.76	.081	102.22		4.86
SURGERY	14	16		1,514.35	94.65	.020	108.17		1.89
PATHOLOGY	70	323		3,532.92	10.94	.404	50.47		4.42
RADIOLOGY	27	42		4,638.93	110.45	.053	171.81		5.80
ROOM USE	53	87		4,701.76	54.04	.109	88.71		5.88
CROSSOVERS/ALL OTH OUTPINT	95	346		6,452.42	18.65	.433	67.92		8.07
@STATE HOSPITAL	2	59	\$	26,031.70	\$ 441.22	.074	\$ 13015.85	\$	32.54
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	2	59		26,031.70	441.22	.074	13015.85		32.54
@NURSING FACILITY	32	771	\$	•	\$ 134.26	.964		\$	129.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	32	771		103,511.78	134.26	.964	3234.74		129.39
@INTERMEDIATE CARE FACILDD	Ω 0	0	\$.00	\$.00	.000		Ś	.00
CITTER CITTE CITTE INCID. DD	O	O	~	• 0 0	÷ .00	.000	• • • • •	~	. 00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	52	985	\$	49,219.76	\$	49.97	1.231	\$	946.53	\$	61.52
HOSPITAL BASED	0	0		.00	•	.00	.000		.00		.00
HEMODIALYSIS CENTER	52	985		49,219.76		49.97	1.231		946.53		61.52
@REHABILITATION FACILITY	4	7	\$	129.17	\$	18.45	.009	\$	32.29	\$.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	7		129.17		18.45	.009		32.29		.16
@LABORATORY FACILITY	12	91	\$	1,161.50	\$	12.76	.114	\$	96.79	\$	1.45
PATHOLOGY	12	91		1,161.50		12.76	.114		96.79		1.45
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	270	554	\$	36 , 607.81	\$	66.08	.693	\$	135.58	\$	45.76
CLINIC	4	7		545.80		77.97	.009		136.45		.68
SURGICENTER	3	8		384.04		48.01	.010		128.01		.48
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	268	539		35 , 677.97		66.19	.674		133.13		44.60
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	REPOR	RT FOR JAN 2	2002 THRU	DEC	2002	P	AGE 6,768
MOP024	FEE-FOR-SERVICE	'									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - BLIND							
									HLY AVERA		
800 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
	0.65	OR DAYS OF CARE	_			CR UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	267	30,627	Ş	111,579.09	\$		38.284	Ş	417.90	Ş	139.47
DURABLE MED. EQUIP.	25	99		16,666.99		168.35	.124		666.68		20.83
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	10.566		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	34	10,566		22,032.73		2.09	13.208		648.02		27.54
AMBULANCES/AIR TRANS	9	41		1,580.59		38.55	.051		175.62		1.98
OTHER TRANS	16	10,278		19,130.85		1.86	12.848		1195.68		23.91
OTHER SERVICES ACUPUNCTURE	11 22	247 59		1,321.29 1,000.22		5.35 16.95	.309		120.12 45.46		1.65
ACUPUNCIUKE	22	39		1,000.22		10.95	.074		43.46		1.25

ADULT DAY HEALTH CARE CTR	18	226	15,090.82	66.77	.283	838.38	18.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	114	912	44,054.67	48.31	1.140	386.44	55.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	25	353.49	14.14	.031	32.14	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	152.02	76.01	.003	152.02	.19
PROSTHETICS	1	2	152.02	76.01	.003	152.02	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	19	1,685.53	88.71	.024	153.23	2.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	315	3,027.28	9.61	.394	178.08	3.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	18,404	7,515.34	.41	23.005	72.96	9.39
@CALIF. CHILDREN SERVICES*	30	258	\$ 38,389.08	\$ 148.79	.323	\$ 1279.64	\$ 47.99
@XOVER EXCLUDING STATE HOSP**	201	4,079	\$ 51,263.70	\$ 12.57	5.099	\$ 255.04	\$ 64.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MIIIII AVIIKA	
41,933 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	33 , 673	736 , 159	\$ 27,167,049.43	\$ 36.90	17.556	\$ 806.79	\$ 647.87
@PHYSICIANS SERVICES	7 , 670	23,045	\$ 949 , 183.27	\$ 41.19	.550	\$ 123.75	•
OUTPATIENT VISITS	2,301	3 , 056	111,090.44	36.35	.073	48.28	2.65
OFFICE VISITS	1,971	2 , 570	89,164.02	34.69	.061	45.24	2.13
HOME VISITS	6	10	343.00	34.30	.000	57.17	.01
EMERGENCY ROOM	210	269	13,964.06	51.91	.006	66.50	.33
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	17	23	1,891.81	82.25	.001	111.28	.05
OTHER OUTPATIENT	156	183	5 , 683.70	31.06	.004	36.43	.14
INPATIENT VISITS	566	2,289	115,394.16	50.41	.055	203.88	2.75
HOSPITAL VISITS	495	1,975	94,392.14	47.79	.047	190.69	2.25
CRITICAL CARE	53	129	14,064.67	109.03	.003	265.37	.34
SNF/ICF/TRANS IP CARE	69	185	6 , 937.35	37.50	.004	100.54	.17
OPHTHALMOLOGICAL SERVICES	140	155	6 , 917.62	44.63	.004	49.41	.16
EXAMINATIONS	140	155	6 , 917.62	44.63	.004	49.41	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	320	2,208	158 , 876.32	71.95	.053	496.49	3.79
PRINCIPAL SURGEON	217	333	116,256.33	349.12	.008	535.74	2.77
ASSISTANT SURGEON	36	38	7,674.40	201.96	.001	213.18	.18
ANESTHESIOLOGIST	135	1,837	34,945.59	19.02	.044	258.86	.83
OUTPATIENT SURGERY	644	2 , 179	173 , 377.42	79.57	.052	269.22	4.13
PRINCIPAL SURGEON	507	722	144,079.03	199.56	.017	284.18	3.44
ASSISTANT SURGEON	5	5	471.69	94.34	.000	94.34	.01
ANESTHESIOLOGIST	181	1,452	28 , 826.70	19.85	.035	159.26	.69
DIALYSIS	36	62	8,655.02	139.60	.001	240.42	.21
PATHOLOGY	597	1,108	31,297.57	28.25	.026	52.42	.75

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2,416	4,114		173,880.36		42.27	.098		71.97		4.15
PSYCHIATRY	5	8		299.79		37.47	.000		59.96		.01
IMMUNIZATION AND INJECTION	90	407		22,399.69		55.04	.010		248.89		.53
OTHER SERVICES/ALL X-OVERS	3,238	7,459		146,994.88		19.71	.178		45.40		3.51
@PHARMACY	26,802	220,707	\$	10,943,729.20	\$	49.58	5.263	\$	408.32	\$	260.98
PRESCRIPTION DRUGS	26,487	111,285		10,682,179.77		95.99	2.654		403.30		254.74
SNF/ICF	417	2 , 657		200,501.98		75.46	.063		480.82		4.78
OUTPATIENTS	26,115	108,628		10,481,677.79		96.49	2.591		401.37		249.96
MEDICAL SUPPLIES	2,154	109,422		261,549.43		2.39	2.609		121.42		6.24
@DENTIST	1,201	4,569	\$	184,044.79	\$	40.28	.109	\$	153.24	\$	4.39
VISITS - DIAGNOSTIC	839	2,696		42,219.61		15.66	.064		50.32		1.01
ORAL SURGERY	192	686		40,414.25		58.91	.016		210.49		.96
DRUGS	5	5		38.00		7.60	.000		7.60		.00
ANESTHESIA	22	22		1,950.00		88.64	.001		88.64		.05
PERIODONTICS	41	56		6,145.00		109.73	.001		149.88		.15
ENDODONTICS	36	51		9,680.00		189.80	.001		268.89		.23
RESTORATIVE DENTISTRY	328	785		51,321.75		65.38	.019		156.47		1.22
PROSTHETICS	9	9		240.00		26.67	.000		26.67		.01
DENTURES, STAYPLATES	88	221		27,380.00		123.89	.005		311.14		.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	9	14		2,335.35		166.81	.000		259.48		.06
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.02
ORTHODONTIC SERVICES	11	14		1,520.83		108.63	.000		138.26		.04
ALL OTHER SERVICES	9	9		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MC	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,770
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

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41 000 FF FGTBI FG			_		3.7.7				THLY AVERA	GE	
41,933 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST	/	-	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	932	2 , 758	\$	60,016.36	\$	21.76	.066	Ş	64.40	\$	1.43
DIAGNOSTIC AND ANC. PROCED	469	474		22,048.19		46.52	.011		47.01		.53
EYE APPLIANCES	763	2,170		35,863.61		16.53	.052		47.00		.86
OTHER OPTOMETRIC SERVICES	83	114		2,104.56		18.46	.003		25.36		.05
@CHIROPRACTOR	61	163	\$	2,649.70	\$.004	\$	43.44	\$.06
VISITS	54	153		2,528.90		16.53	.004		46.83		.06
OTHER SERVICES	7	10		120.80		12.08	.000		17.26		.00
@PODIATRIST	151	206	\$	3,199.87	\$	15.53	.005	\$	21.19	\$.08
MEDICINE/INJECTIONS	13	13		405.80		31.22	.000		31.22		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	138	193		2,794.07		14.48	.005		20.25		.07
@HOME HEALTH AGENCY	124	1,387	\$	74 , 555.26	\$	53.75	.033	\$	601.25	\$	1.78
NURSE ANESTHESIST	28	133	\$	404.98	\$	3.04	.003	\$	14.46	\$.01
NURSE MIDWIFE	17	96	\$	2,561.75	\$	26.68	.002	\$	150.69	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8 , 809	49,591	\$	7,297,728.73	\$	147.16	1.183	\$	828.44	\$	174.03
HOSP INPATIENT TOTAL	775	4,032		5,913,084.78		1466.54	.096		7629.79		141.01
HSC HOSPITALS	75	604		955,360.30		1581.72	.014		12738.14		22.78
NON-HSC HOSPITAL TOTAL	454	2,059		4,741,975.29		2303.05	.049		10444.88		113.08
ACCOMMODATIONS	435	2,059		1,499,336.12		728.19	.049		3446.75		35.76
ADMINISTRATIVE DAYS	22	88		18,269.19		207.60	.002		830.42		.44
TRANSITIONAL IP CARE	0	0		302.04		.00	.000		.00		.01
ALL OTHER ACCOM	421	1,971		1,480,764.89		751.28	.047		3517.26		35.31
ANCILLARIES	454	0		3,242,639.17		.00	.000		7142.38		77.33

INPATIENT CROSSOVERS	256	1,369		215,749.19		157.60	.033		842.77		5.15
ALL OTHER INPATIENT	0	1,303		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,491	45,559		1,384,643.95		30.39	1.086		163.07		33.02
MEDICAL	2,923	5,618		317,905.47		56.59	.134		108.76		7.58
SURGERY	491	617		43,916.35		71.18	.015		89.44		1.05
PATHOLOGY	3,776	16,328		217,185.23		13.30	.389		57.52		5.18
RADIOLOGY	1,955	2,927		237,029.51		80.98	.070		121.24		5.65
	•	•		•		47.98			75.58		
ROOM USE	2,921	4,601		220,768.52			.110				5.26
CROSSOVERS/ALL OTH OUTPTNT	4,234	15,468	Ċ	347,838.87	<u></u>	22.49	.369	Ċ	82.15	Ċ	8.30
@COUNTY HOSPITAL TOTAL	54	272	\$	28,881.64	\$.006	\$	534.85	Ş	.69
CO HOSPITAL INPATIENT TOTAL	4	20		22,702.50		1135.13	.000		5675.63		.54
HSC HOSPITALS	4	20		22,608.00		1130.40	.000		5652.00		.54
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000		.00		.00
ACCOMMODATIONS	0	0		94.50		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	54	252		6,179.14		24.52	.006		114.43		.15
MEDICAL	30	43		1,770.26		41.17	.001		59.01		.04
SURGERY	2	2		57.98		28.99	.000		28.99		.00
PATHOLOGY	20	85		1,196.71		14.08	.002		59.84		.03
RADIOLOGY	11	21		1,089.57		51.88	.001		99.05		.03
ROOM USE	33	41		1,483.10		36.17	.001		44.94		.04
CROSSOVERS/ALL OTH OUTPINT	21	60		581.52		9.69	.001		27.69		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M		EPOR			DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
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----- MONTHLY AVERAGE -----41,933 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 8,767 @COMMUNITY HOSPITAL TOTAL 49,319 7,268,847.09 147.38 1.176 \$ 829.11 \$ 173.34 1468.19 COMM HOSP INPATIENT TOTAL 773 4,012 5,890,382.28 .096 7620.16 140.47 .014 71 584 932,752.30 1597.18 13137.36 22.24 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 454 2,059 2303.00 10444.67 113.08 4,741,880.79 .049 35.75 ACCOMMODATIONS 435 2,059 1,499,241.62 728.14 .049 3446.53 18,174.69 ADMINISTRATIVE DAYS 88 206.53 .002 826.12 .43 TRANSITIONAL IP CARE 0 0 302.04 .00 .000 .00 .01 ALL OTHER ACCOM 421 1,971 1,480,764.89 751.28 .047 3517.26 35.31 ANCILLARIES 454 0 3,242,639.17 .00 .000 7142.38 77.33 INPATIENT CROSSOVERS 256 1,369 215,749.19 157.60 .033 842.77 5.15 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 8,448 45,307 1,378,464.81 30.42 1.080 163.17 32.87 5,575 109.20 MEDICAL 2,895 316,135.21 56.71 .133 7.54 489 615 89.69 SURGERY 43,858.37 71.31 .015 1.05 16,243 13.30 57.46 PATHOLOGY 3,759 215,988.52 .387 5.15 2,906 235,939.94 81.19 .069 121.24 5.63 RADIOLOGY 1,946 ROOM USE 2,893 4,560 219,285.42 48.09 .109 75.80 5.23 4,217 15,408 347,257.35 22.54 82.35 8.28 CROSSOVERS/ALL OTH OUTPTNT .367 0 0 .00 .00 .000 .00 .00 @STATE HOSPITAL 0 .00 .00 .000 .00 .00 MENTALLY ILL .00 DEVELOP. DISABLED 0 0 .00 .00 .000 .00 @NURSING FACILITY 293 8,208 1,357,888.52 165.43 .196 4634.43 32.38 LEV A-INTERMEDIATE 0 0 .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

MENDOCINO COUNTY

LEV B-REHAB MD	3	91		11,004.63		120.93	.002		3668.21		.26
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99		574.73	.011		21839.83		6.25
LEV B-SUBACUTE HSPTL BASED	8	242		149,873.08		619.31	.006		18734.14		3.57
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	271	7,419		934,932.82		126.02	.177		3449.94		22.30
@INTERMEDIATE CARE FACILDD	96	2,920	\$	460,119.00	\$	157.58	.070	\$	4792.91	\$	10.97
ICF DDH	72	2,190		326,682.30		149.17	.052		4537.25		7.79
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	730		133,436.70		182.79	.017		5559.86		3.18
@HEMODIALYSIS TOTAL	166	1,285	\$	115,942.21	\$	90.23	.031	\$	698.45	\$	2.76
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	166	1,285		115,942.21		90.23	.031		698.45		2.76
@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.027	\$	158.29	\$.36
HOSPITAL BASED	4	11		323.09		29.37	.000		80.77		.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.027		161.70		.35
@LABORATORY FACILITY	1,275	5 , 787	\$	76,113.09	\$	13.15	.138	\$	59.70	\$	1.82
PATHOLOGY	1,271	5 , 779		76,046.23		13.16	.138		59.83		1.81
XO AND OTHERS	4	8		66.86		8.36	.000		16.72		.00
@ORGANIZED OUTPATIENT CLINIC	17 , 522	42,867	\$	3,560,333.77	\$	83.06	1.022	\$	203.19	\$	84.91
CLINIC	195	486		20,298.94		41.77	.012		104.10		.48
SURGICENTER	144	422		17,576.73		41.65	.010		122.06		.42
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001		171.59		.01
RURAL HEALTH CLINIC	17 , 350	41,931		3,522,114.92		84.00	1.000		203.00		83.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	ΡZ	AGE 6,772
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	: ASSI	STANCE - DISABLED							

---- MONTHLY AVERAGE ----41,933 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,089 371,291 2,063,541.11 \$ 5.56 8.854 \$ 291.09 \$ 49.21 @ALL OTHER PROVIDERS 770 3,984 547,469.88 137.42 .095 711.00 13.06 DURABLE MED. EQUIP. 0 0 .000 BLOOD BANK .00 .00 .00 .00 47 7,971.10 109.19 HEARING AID DISPENSERS 73 .002 169.60 .19 825 7.25 .981 361.56 MEDICAL TRANSPORTATION 41,126 298,287.60 7.11 148,714.66 AMBULANCES/AIR TRANS 515 9,443 15.75 .225 288.77 3.55 81 27,137 57,125.02 2.11 .647 705.25 1.36 OTHER TRANS 281 4,546 92,447.92 20.34 .108 329.00 2.20 OTHER SERVICES ACUPUNCTURE 1,178 2,966 50,727.24 17.10 .071 43.06 1.21 ADULT DAY HEALTH CARE CTR 174 1,902 126,022.25 66.26 .045 724.27 3.01 GENETIC DISEASE TESTING 18 18 1,476.00 82.00 .000 82.00 .04 8,800 IHMC, MODEL-NF, NF, AIDS, MSSP 894 501,157.34 56.95 .210 560.58 11.95 OCCUPATIONAL THERAPIST 8 63 907.01 14.40 .002 113.38 .02 OPTICIAN 995 2,505 31,626.19 12.63 .060 31.79 .75 PHYSICAL THERAPIST 262 2,486 36,549.23 14.70 .059 139.50 .87 135.28 33.82 .000 67.64 .00 PORTABLE X-RAY 138 57,965.01 PROSTHETIST/ORTHOTISTS 445 130.26 .011 420.04 1.38 111 PROSTHETICS 414 56,214.07 135.78 .010 506.43 1.34 31 ORTHOTICS 1,750.94 56.48 .001 64.85 .04 PSYCHOLOGIST 9 19 1,438.43 75.71 .000 159.83 .03 184 648 224.98 .99 SPEECH AND AUDIOLOGY 41,395.59 63.88 .015 3 34 3,569.83 105.00 1189.94 .09 HOSPICE SERVICES .001 .00 0 0 .00 .00 .00 NONINST BIRTHING CENTERS .000 15,457 3.93 760 164,943.66 10.67 .369 217.03 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. 0 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	1,909	290 , 761	191,899.47	.66	6.934	100.52	4.58
@CALIF. CHILDREN SERVICES*	572	8 , 905	\$ 827,640.87	\$ 92.94	.212	\$ 1446.92 \$	19.74
@XOVER EXCLUDING STATE HOSP**	4,977	50 , 275	\$ 706,406.65	\$ 14.05	1.199	\$ 141.93 \$	16.85

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,773
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

			 	MONTHLY AVERAGE				
48,335 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
10,000 22101222	002110	OR DAYS OF CARE	2111 211 21 1 0 1 1 2 0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	25,400		\$ 8,374,981.50	\$ 64.97	2.667			
@PHYSICIANS SERVICES	3,637	•	\$ 497,606.58	•	.192		•	
OUTPATIENT VISITS	1,246	1,532	59,944.68	39.13	.032	48.11	1.24	
OFFICE VISITS	999	1,205	42,917.24	35.62	.025	42.96	.89	
HOME VISITS	2	. 2	54.98	27.49	.000	27.49	.00	
EMERGENCY ROOM	152	174	7,471.04	42.94	.004	49.15	.15	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00	
OB VISITS/COMPRE PERI	69	104	7,976.47	76.70	.002	115.60	.17	
OTHER OUTPATIENT	43	46	1,481.10	32.20	.001	34.44	.03	
INPATIENT VISITS	268	941	70,398.74	74.81	.019	262.68	1.46	
HOSPITAL VISITS	252	706	34,603.01	49.01	.015	137.31	.72	
CRITICAL CARE	38	235	35,795.73	152.32	.005	941.99	.74	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	50	52	2,591.82	49.84	.001	51.84	.05	
EXAMINATIONS	50	52	2,591.82	49.84	.001	51.84	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	224	1,224	112,516.33	91.93	.025	502.31	2.33	
PRINCIPAL SURGEON	138	172	89 , 086.76	517.95	.004	645.56	1.84	
ASSISTANT SURGEON	21	21	3,838.56	182.79	.000	182.79	.08	
ANESTHESIOLOGIST	97	1,031	19,591.01	19.00	.021	201.97	.41	

OUTPATIENT SU	RGERY	401	1,651		97,698.68		59.18	.034		243.64		2.02
PRINCIPAL SU	URGEON	285	357		71,760.23		201.01	.007		251.79		1.48
ASSISTANT SU	URGEON	3	3		261.81		87.27	.000		87.27		.01
ANESTHESIOLO	OGIST	167	1,291		25,676.64		19.89	.027		153.75		.53
DIALYSIS		0	0		.00		.00	.000		.00		.00
PATHOLOGY		523	821		20,263.99		24.68	.017		38.75		.42
RADIOLOGY		1,611	2,280		68,317.85		29.96	.047		42.41		1.41
PSYCHIATRY		0	0		.00		.00	.000		.00		.00
IMMUNIZATION A	AND INJECTION	41	194		42,864.73		220.95	.004		1045.48		.89
OTHER SERVICES	S/ALL X-OVERS	347	583		23,009.76		39.47	.012		66.31		.48
@PHARMACY		11,042	27,298	\$	1,154,433.16	\$	42.29	.565	\$	104.55	\$	23.88
PRESCRIPTION I	DRUGS	10,973	24,314		1,142,387.23		46.98	.503		104.11		23.63
SNF/ICF		8	37		2,920.73		78.94	.001		365.09		.06
OUTPATIENTS		10,968	24,277		1,139,466.50		46.94	.502		103.89		23.57
MEDICAL SUPPLE	IES	212	2,984		12,045.93		4.04	.062		56.82		.25
@DENTIST		1,419	6,053	\$	195,326.46	\$	32.27	.125	\$	137.65	\$	4.04
VISITS - DIAG	NOSTIC	1,049	3,913		58,479.38		14.94	.081		55.75		1.21
ORAL SURGERY		214	552		38,448.00		69.65	.011		179.66		.80
DRUGS		22	23		469.00		20.39	.000		21.32		.01
ANESTHESIA		77	79		7,200.00		91.14	.002		93.51		.15
PERIODONTICS		8	8		820.00		102.50	.000		102.50		.02
ENDODONTICS		73	136		14,572.00		107.15	.003		199.62		.30
RESTORATIVE DE	ENTISTRY	455	1,221		68,840.00		56.38	.025		151.30		1.42
PROSTHETICS		5	5		150.00		30.00	.000		30.00		.00
DENTURES, STAY	YPLATES	8	55		2,089.00		37.98	.001		261.13		.04
SPACE MAINTAIN	NERS	12	17		1,484.00		87.29	.000		123.67		.03
MAXILLOFACIAL	SERVICES	7	9		660.08		73.34	.000		94.30		.01
FRACTURES, DIS	SLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SI	ERVICES	19	29		2,115.00		72.93	.001		111.32		.04
ALL OTHER SERV	VICES	7	6		.00		.00	.000		.00		.00
#CALIF DEPT OF B	HEALTH SERV			TURES	MONTH-OF-PAYMENT F	REPOR	RT FOR JAN	2002 THRU	DEC	2002	P7	AGE 6,774
MOP024		FEE-FOR-SERVIC	'									01/17/03
MENDOCINO COUN'	ΓY	SUMMARY OF SER	VICES FOR PUBLI	IC ASS	SISTANCE - FAMILIES	5						
										HLY AVERA	-	
48.335 EL	TGTBLES	HISERS	HINTTS OF SERVI	CE	EXPENDITIBES	7.7.4₹	TERAGE COST	T HINTTS/DAY	S	COST PER	(COST PER

							[v]	OIN.	IUPI YAFVY	.GE	
48,335 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	518	1,472	\$	34,230.44	\$	23.25	.030	\$	66.08	\$.71
DIAGNOSTIC AND ANC. PROCED	385	388		18,206.40		46.92	.008		47.29		.38
EYE APPLIANCES	391	1,075		15,832.81		14.73	.022		40.49		.33
OTHER OPTOMETRIC SERVICES	9	9		191.23		21.25	.000		21.25		.00
@CHIROPRACTOR	54	192	\$	3,059.76	\$	15.94	.004	\$	56.66	\$.06
VISITS	54	192		3,059.76		15.94	.004		56.66		.06
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	26	\$	990.14	\$	38.08	.001	\$	43.05	\$.02
NURSE ANESTHESIST	1	8	\$	136.87	\$	17.11	.000	\$	136.87	\$.00
NURSE MIDWIFE	77	353	\$	14,643.57	\$	41.48	.007	\$	190.18	\$.30
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	4	\$	131.38	\$	32.85	.000	\$	43.79	\$.00
@TOTAL HOSPITAL	6,009	27 , 224	\$	3,263,634.60	\$	119.88	.563	\$	543.12	\$	67.52
HOSP INPATIENT TOTAL	306	1,356		2,421,941.45		1786.09	.028		7914.84		50.11
HSC HOSPITALS	36	322		479,278.02		1488.44	.007		13313.28		9.92

NON-HSC HOSPITAL TOTAL	275	1,034		1,942,663.43	1878.78	.021	7064.23	40.1	9
ACCOMMODATIONS	252	1,034		812,183.00	785.48	.021	3222.95	16.8	30
ADMINISTRATIVE DAYS	4	9		1,848.88	205.43	.000	462.22	.0) 4
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER ACCOM	250	1,025		810,334.12	790.57	.021	3241.34	16.7	16
ANCILLARIES	250 275	, 0		1,130,480.43	.00	.000	4110.84	23.3	39
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER INPATIENT	0 5,864 3.298	0		.00	.00	.000	.00	.0	0
HOSP OUTPATIENT TOTAL	5,864	25 , 868		841,693.15	32.54	.535	143.54	17.4	1
MEDICAL	3,298	4,994		249,313.89	49.92	.103	143.54 75.60	5.1	
SURGERY	541	709		53,525.92	75.49	.015	98.94	1.1	.1
PATHOLOGY	2,340	7,261		88,456.12	12.18	.150	37.80	1.8	3
RADIOLOGY	1,404	1,894		120,125.63	63.42	.039	85.56	2.4	
ROOM USE	3,581	4,898		223,918.52	45.72	.101	62.53	4.6	
CROSSOVERS/ALL OTH OUTPTNT	2,261	6,112		106,353.07	17.40	.126	47.04	2.2	20
@COUNTY HOSPITAL TOTAL	. 8	40	\$	1,286.51	\$ 32.16	.001 \$	160.81	\$.0)3
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.0	0 (
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	0 (
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	0 (
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	0 (
ANCILLARIES	0	0		.00	.00	.000	.00	.0	0 (
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	0 (
CO HOSP OUTPATIENT TOTAL	8	40		1,286.51	32.16	.001	160.81	.0	13
MEDICAL	5	6 4 12		190.56	31.76	.000	38.11	.0	0 (
SURGERY	2	4		128.12	32.03	.000	64.06	.0	0 (
PATHOLOGY	2	12		186.71	15.56	.000	93.36	.0	0 (
RADIOLOGY	0	U		13.15	.00	.000	.00	.0	10
ROOM USE	7	9		530.87	58.99	.000	75.84	.0	1
CROSSOVERS/ALL OTH OUTPINT	5	9		237.10	26.34	.000	47.42	.0	10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,	775
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17	//03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE - FAMILIES					
						MON	ITHLY AVERA	GE	
48,335 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PE	
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	6,002	27 , 184	\$	3,262,348.09	\$ 120.01		543.54		
COMM HOSP INPATIENT TOTAL	306	1 , 356		2,421,941.45	1786.09	.028	7914.84	50.1	
TICC TICCDIMATO	2.0	200		470 070 00	1 4 0 0 4 4		1 2 2 1 2 2 2 2	0 0	

48,335 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,002	27,184 \$	3,262,348.09	\$ 120.01	.562	543.54	\$ 67.49
COMM HOSP INPATIENT TOTAL	306	1,356	2,421,941.45	1786.09	.028	7914.84	50.11
HSC HOSPITALS	36	322	479,278.02	1488.44	.007	13313.28	9.92
NON-HSC HOSPITALS TOTAL	275	1,034	1,942,663.43	1878.78	.021	7064.23	40.19
ACCOMMODATIONS	252	1,034	812,183.00	785.48	.021	3222.95	16.80
ADMINISTRATIVE DAYS	4	9	1,848.88	205.43	.000	462.22	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	250	1,025	810,334.12	790.57	.021	3241.34	16.76
ANCILLARIES	275	0	1,130,480.43	.00	.000	4110.84	23.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5 , 857	25,828	840,406.64	32.54	.534	143.49	17.39
MEDICAL	3,294	4,988	249,123.33	49.94	.103	75.63	5.15
SURGERY	539	705	53,397.80	75.74	.015	99.07	1.10
PATHOLOGY	2,338	7,249	88,269.41	12.18	.150	37.75	1.83
RADIOLOGY	1,404	1,894	120,112.48	63.42	.039	85.55	2.49
ROOM USE	3 , 575	4,889	223,387.65	45.69	.101	62.49	4.62

CROSSOVERS/ALL OTH OUTPTNT											
	2 , 256	6,103		106 , 115.97		17.39	.126		47.04		2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ö		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	9									
LEV B-REGULAR	U	0		.00	_	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1.4	193	\$		\$	13.99	.004	Ś	192.80	Ś	.06
HOSPITAL BASED	1	1CR		7.19	'	7.19CR	.000		7.19	'	.00
INDEPENDENT FACILITY	1 2	194		2,692.02		13.88	.004		207.08		.06
@LABORATORY FACILITY	1,147	3,245	\$	60,193.93	\$.067	Ċ		Ċ	1.25
	1,147	3,245	Y	60,193.93	Y	18.55	.067	Y	52.48	Ÿ	1.25
PATHOLOGY											
XO AND OTHERS	0	0		.00	_	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14,169	27,700	\$	2,793,734.37	\$	100.86	.573	Ş		Ş	57.80
CLINIC	417	1,614		30,958.90		19.18 37.68	.033		74.24		.64
SURGICENTER	53	230					.005		163.52		.18
HEROIN DETOX CLINIC	2	7		103.71		14.82	.000		51.86		.00
RURAL HEALTH CLINIC	13,862	25 , 849		2,754,005.23		106.54	.535		198.67		56.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORI	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 6,776
MOP024	FEE-FOR-SERVICE	/									
		/DENTAL									01/17/03
MENDOCINO COUNTY			ASSIS	STANCE - FAMILIES							01/17/03
MENDOCINO COUNTY			ASSIS	STANCE - FAMILIES			M	ONT	HLY AVERA	GE -	
	SUMMARY OF SERV	ICES FOR PUBLIC				RAGE COST	M				
MENDOCINO COUNTY 48,335 ELIGIBLES		ICES FOR PUBLIC UNITS OF SERVIC	E	STANCE - FAMILIES EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
48,335 ELIGIBLES	SUMMARY OF SERV	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	E E	EXPENDITURES	AVE PEF	R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER	(E	COST PER
48,335 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 3,382	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850	E	EXPENDITURES 354,161.03	AVE	R UNIT/DAY 13.70	UNITS/DAY PER ELIG .535	S	COST PER USER 104.72	(E	COST PER ELIGIBLE 7.33
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 3,382 108	UNITS OF SERVICOR DAYS OF CAR 25,850 246	E E	EXPENDITURES 354,161.03 13,443.57	AVE PEF	13.70 54.65	UNITS/DAY PER ELIG .535 .005	S	COST PER USER 104.72 124.48	(E	COST PER ELIGIBLE 7.33
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS 3,382 108 0	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0	E E	EXPENDITURES 354,161.03 13,443.57	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00	UNITS/DAY PER ELIG .535 .005 .000	S	COST PER USER 104.72 124.48 .00	(E	COST PER ELIGIBLE 7.33 .28
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 3,382 108 0 7	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13	E E	EXPENDITURES 354,161.03 13,443.57	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00	UNITS/DAY PER ELIG .535 .005 .000	S	COST PER USER 104.72 124.48 .00 334.85	(E	COST PER ELIGIBLE 7.33 .28 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 3,382 108 0 7 204	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05	AVE PEF \$	13.70 54.65 .00 180.30 28.36	UNITS/DAY PER ELIG .535 .005 .000 .000 .096	S	USER 104.72 124.48 .00 334.85 644.40	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 3,382 108 0 7 204 202	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635 4,604	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095	S	USER 104.72 124.48 .00 334.85 644.40 379.39	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 3,382 108 0 7 204 202 0	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 3,382 108 0 7 204 202	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001	S	USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 3,382 108 0 7 204 202 0	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 3,382 108 0 7 204 202 0 30	UNITS OF SERVICOR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001	S	USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 3,382 108 0 7 204 202 0 30 544	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 3,382 108 0 7 204 202 0 30 544 0 75	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,635 4,604 0 31 1,391 0 75	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 1.13 .49 .00 .10
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,635 4,604 0 31 1,391 0 75 17	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0	TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,635 4,604 0 31 1,391 0 75 17 0	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 1.13 .49 .00 .10 .06 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .000 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 1.13 .49 .00 .10 .06 .00 .22
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89	TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00 .10 .06 .00 .22 .24
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00 .10 .06 .00 .22 .24 .00
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0 22	TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0 66	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98 .00 8,968.37	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00 135.88	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000 .002 .000 .000 .001	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00 407.65	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00 .10 .06 .00 .22 .24 .00 .19
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0 22 15	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0 66 58	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98 .00 8,968.37 8,516.48	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00 135.88 146.84	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000 .001 .029	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00 407.65 567.77	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 .113 .49 .00 .10 .06 .00 .22 .24 .00 .19 .18
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0 22 15 7	TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0 66 58 8	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98 .00 8,968.37 8,516.48 451.89	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00 135.88 146.84 56.49	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000 .001 .029 .000 .001 .001 .000 .001	S	USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00 407.65 567.77 64.56	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 .113 .49 .00 .10 .06 .00 .22 .24 .00 .19 .18 .01
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERV USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0 22 15 7 6	ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0 66 58 8 16	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98 .00 8,968.37 8,516.48 451.89 1,187.02	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00 135.88 146.84 56.49 74.19	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .001 .001 .001 .001	S	COST PER USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00 407.65 567.77 64.56 197.84	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 2.72 1.59 .00 1.13 .49 .00 .10 .06 .00 .22 .24 .00 .19 .18 .01 .02
48,335 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 3,382 108 0 7 204 202 0 30 544 0 75 3 0 456 89 0 22 15 7	TICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 25,850 246 0 13 4,635 4,604 0 31 1,391 0 75 17 0 1,066 712 0 66 58 8	E E	EXPENDITURES 354,161.03 13,443.57 .00 2,343.93 131,458.05 76,637.01 .00 54,821.04 23,760.82 .00 5,057.00 2,689.75 .00 10,529.45 11,610.98 .00 8,968.37 8,516.48 451.89	AVE PEF \$	R UNIT/DAY 13.70 54.65 .00 180.30 28.36 16.65 .00 1768.42 17.08 .00 67.43 158.22 .00 9.88 16.31 .00 135.88 146.84 56.49	UNITS/DAY PER ELIG .535 .005 .000 .000 .096 .095 .000 .001 .029 .000 .002 .000 .002 .000 .001 .029 .000 .001 .001 .000 .001	S	USER 104.72 124.48 .00 334.85 644.40 379.39 .00 1827.37 43.68 .00 67.43 896.58 .00 23.09 130.46 .00 407.65 567.77 64.56	(E	COST PER ELIGIBLE 7.33 .28 .00 .05 .2.72 1.59 .00 .113 .49 .00 .10 .06 .00 .22 .24 .00 .19 .18 .01

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,874	10,937	134,770.23	12.32	.226	71.92	2.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	6,602	3,831.60	.58	.137	166.59	.08
@CALIF. CHILDREN SERVICES*	244	1,600	\$ 609,306.54	\$ 380.82	.033	\$ 2497.16	\$ 12.61
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 73.63	\$ 24.54	.000	\$ 36.82	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,777
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASSI	STANCE				
					MON'	THLY AVERA	GE
100,496 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	67 , 440	1,054,221 \$	39,755,400.07	\$ 37.71	10.490 \$	589.49	\$ 395.59
@PHYSICIANS SERVICES	12,974	36 , 797 \$	1,528,362.54	\$ 41.53	.366 \$		\$ 15.21
OUTPATIENT VISITS	3,600	4,666	173,708.02	37.23	.046	48.25	1.73
OFFICE VISITS	3,015	3,844	134,396.10	34.96	.038	44.58	1.34
HOME VISITS	8	12	397.98	33.17	.000	49.75	.00
EMERGENCY ROOM	367	448	21,640.90	48.31	.004	58.97	.22
PREVENTIVE CARE	2	2	87.70	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	86	127	9,868.28	77.70	.001	114.75	.10
OTHER OUTPATIENT	203	233	7,317.06	31.40	.002	36.04	.07
INPATIENT VISITS	840	3,249	186,685.88	57.46	.032	222.25	1.86
HOSPITAL VISITS	753	2 , 699	129,855.67	48.11	.027	172.45	1.29
CRITICAL CARE	91	364	49,860.40	136.98	.004	547.92	.50
SNF/ICF/TRANS IP CARE	70	186	6,969.81	37.47	.002	99.57	.07
OPHTHALMOLOGICAL SERVICES	207	228	10,431.34	45.75	.002	50.39	.10
EXAMINATIONS	207	228	10,431.34	45.75	.002	50.39	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	550	3,504	273,702.83	78.11	.035	497.64	2.72
PRINCIPAL SURGEON	358	508	206,444.36	406.39	.005	576.66	2.05
ASSISTANT SURGEON	57	59	11,512.96	195.13	.001	201.98	.11
ANESTHESIOLOGIST	236	2 , 937	55,745.51	18.98	.029	236.21	.55
OUTPATIENT SURGERY	1,072	3 , 956	285,215.11	72.10	.039	266.06	2.84
PRINCIPAL SURGEON	812	1,118	228,193.00	204.11	.011	281.03	2.27
ASSISTANT SURGEON	9	9	851.52	94.61	.000	94.61	.01
ANESTHESIOLOGIST	357	2,829	56,170.59	19.86	.028	157.34	.56
DIALYSIS	47	99	12,299.26	124.23	.001	261.69	.12
PATHOLOGY	1,125	1,937	51,848.77	26.77	.019	46.09	.52
RADIOLOGY	4,068	6,460	245,448.59	38.00	.064	60.34	2.44
PSYCHIATRY	5	8	299.79	37.47	.000	59.96	.00
IMMUNIZATION AND INJECTION	132	603	65,291.94	108.28	.006	494.64	.65
OTHER SERVICES/ALL X-OVERS	5,145	12,087	223,431.01	18.49	.120	43.43	2.22
@PHARMACY	44,676	330,285 \$	14,140,741.78	\$ 42.81	3.287 \$	316.52	\$ 140.71
PRESCRIPTION DRUGS	44,213	162 , 655	13,788,869.03	84.77	1.619	311.87	137.21
SNF/ICF	590	3 , 755	257 , 007.96	68.44	.037	435.61	2.56
OUTPATIENTS	43,707	158,900	13,531,861.07	85.16	1.581	309.60	134.65
MEDICAL SUPPLIES	3,137	167,630	351,872.75	2.10	1.668	112.17	3.50
@DENTIST	2,836	11,282 \$		\$ 36.47	.112 \$		•
VISITS - DIAGNOSTIC	2,040	6 , 996	106,763.99	15.26	.070	52.34	1.06
ORAL SURGERY	432	1,309	83,516.25	63.80	.013	193.32	.83

DRUGS	27	28		507.00	18.11	.000	18.78		.01
ANESTHESIA	99	101		9,150.00	90.59	.001	92.42		.09
PERIODONTICS	52	70		7,220.00	103.14	.001	138.85		.07
ENDODONTICS	112	191		25,073.00	131.27	.002	223.87		.25
RESTORATIVE DENTISTRY	835	2,119		130,124.75	61.41	.021	155.84		1.29
PROSTHETICS	18	18		480.00	26.67	.000	26.67		.00
DENTURES, STAYPLATES	129	349		39,560.68	113.35	.003	306.67		.39
SPACE MAINTAINERS	12	17		1,484.00	87.29	.000	123.67		.01
MAXILLOFACIAL SERVICES	17	24		3,095.43	128.98	.000	182.08		.03
FRACTURES, DISLOCATIONS	1	1		800.00	800.00	.000	800.00		.01
ORTHODONTIC SERVICES	30	43		3,635.83	84.55	.000	121.19		.04
ALL OTHER SERVICES	17	16		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	P.	AGE 6,778
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE					
						MC	NTHLY AVERA	AGE	
100,496 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,632	4 , 735	\$	105,047.69	\$ 22.19	.047	\$ 64.37	\$	1.05
DIAGNOSTIC AND ANC. PROCED	892	900		42,074.90	46.75	.009	47.17		.42
EYE APPLIANCES	1,295	3,643		59 , 722.07	16.39	.036	46.12		.59
OTHER OPTOMETRIC SERVICES	140	192		3,250.72	16.93	.002	23.22		.03
@CHIROPRACTOR	120	364	\$	5 , 797.94	\$ 15.93	.004	\$ 48.32	\$.06
VISITS	111	349		5 , 655.54	16.20	.003	50.95		.06
OTHER SERVICES	9	15		142.40	9.49	.000	15.82		.00
@PODIATRIST	307	528	\$	7,249.72	\$ 13.73	.005	\$ 23.61	\$.07
				405 00			21 00		.00
MEDICINE/INJECTIONS	13	13		405.80	31.22	.000	31.22		.00
MEDICINE/INJECTIONS SURGERY/ANES.	13 0	13 0		.00	31.22 .00	.000	.00		.00
		13 0 0							
SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 294	0 0 515		.00 .00 6,843.92	.00 .00 13.29	.000 .000 .005	.00 .00 23.28		.00 .00 .07
SURGERY/ANES. RADIO./PATHOLOGY	0	0	\$ \$.00 .00 6,843.92	.00	.000	.00 .00 23.28		.00

NURSE MIDWIFE	94	449	Ś	17,205.32	\$ 38.32	.004	\$ 183.04	Ś	.17
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	•		.00
FAMILY NURSE PRACTITIONER	3	4	Ś	131.38	\$ 32.85	.000			.00
@TOTAL HOSPITAL	16,007	81,156	Ś		\$ 134.21	.808			108.38
HOSP INPATIENT TOTAL	1,255	6,133	т	8,576,227.38	1398.37	.061	6833.65	Τ	85.34
HSC HOSPITALS	115	941			1543.62	.009	12630.86		14.45
NON-HSC HOSPITAL TOTAL	743	3,144		6,790,003.29	2159.67	.031	9138.63		67.56
ACCOMMODATIONS	701	3,144		2,343,729.49	745.46	.031	3343.41		23.32
ADMINISTRATIVE DAYS	27	103		21,417.06	207.93	.001	793.22		.21
TRANSITIONAL IP CARE	0	0		302.04	.00	.000	.00		.00
ALL OTHER ACCOM	684	3,041		2,322,010.39	763.57	.030	3394.75		23.11
ANCILLARIES	743	0		4,446,273.80	.00	.000	5984.22		44.24
INPATIENT CROSSOVERS	412	2,048		333,674.81	162.93	.020	809.89		3.32
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	15,447	75,023		2,315,914.79	30.87	.747	149.93		23.04
MEDICAL	6,271	10,692		571,487.57	53.45	. 106	91.13		5.69
SURGERY	1,049	1,345		99,356.54	73.87	.013	94.72		.99
PATHOLOGY	6,208	23,969		310,007.33	12.93	.239	49.94		3.08
RADIOLOGY	3,393	4,869		362,578.94	74.47	.048	106.86		3.61
ROOM USE	6,559	9,593		449,790.98	46.89	.095	68.58		4.48
CROSSOVERS/ALL OTH OUTPINT		24,555		522,693.43	21.29	.244	69.76		5.20
@COUNTY HOSPITAL TOTAL	69	324	\$	36,357.03	\$ 112.21	.003		\$.36
CO HOSPITAL INPATIENT TOTAL	5	25	·		1144.44	.000	5722.19	·	.28
HSC HOSPITALS	5	25		28,516.45	1140.66	.000	5703.29		.28
NON-HSC HOSPITALS TOTAL	0	0		94.50	.00	.000	.00		.00
ACCOMMODATIONS	0	0		94.50	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		94.50	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	68	299		7,746.08	25.91	.003	113.91		.08
MEDICAL	35	49		1,968.99	40.18	.000	56.26		.02
SURGERY	4	6		186.10	31.02	.000	46.53		.00
PATHOLOGY	22	97		1,383.42	14.26	.001	62.88		.01
RADIOLOGY	11	21		1,110.56	52.88	.000	100.96		.01
ROOM USE	40	50		2,037.65	40.75	.000	50.94		.02
CROSSOVERS/ALL OTH OUTPINT	32	76		1,059.36	13.94	.001	33.11		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	ONTH-OF-PAYMENT REI	PORT FOR JAN 20	02 THRU D	EC 2002	PA	GE 6,779
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	C ASSI	STANCE					

----- MONTHLY AVERAGE -----100,496 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 15,951 80,832 134.30 .804 \$ 680.57 \$ 108.02 @COMMUNITY HOSPITAL TOTAL 10,855,785.14 6,108 1399.41 6827.17 COMM HOSP INPATIENT TOTAL 1,252 8,547,616.43 .061 85.05 HSC HOSPITALS 110 916 1,424,032.83 1554.62 .009 12945.75 14.17 NON-HSC HOSPITALS TOTAL 743 3,144 6,789,908.79 2159.64 .031 9138.50 67.56 701 23.32 ACCOMMODATIONS 3,144 2,343,634.99 745.43 .031 3343.27 ADMINISTRATIVE DAYS 27 103 21,322.56 207.02 789.72 .21 .001 0 0 302.04 .00 .00 .00 TRANSITIONAL IP CARE .000 684 763.57 3394.75 23.11 ALL OTHER ACCOM 3,041 2,322,010.39 .030 ANCILLARIES 743 0 4,446,273.80 .00 .000 5984.22 44.24 INPATIENT CROSSOVERS 412 2,048 333,674.81 162.93 .020 809.89 3.32 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00

MEDICAL	6 , 239	10,643		569 , 518.58		53.51	.106	91.28		5.67
SURGERY	1,045	1,339		99,170.44		74.06	.013	94.90		.99
PATHOLOGY	6,189	23 , 872		308,623.91		12.93	.238	49.87		3.07
RADIOLOGY	3,384	4,848		361,468.38		74.56	.048	106.82		3.60
ROOM USE	6,525	9,543		447,753.33		46.92	.095	68.62		4.46
CROSSOVERS/ALL OTH OUTPTNT	7,465	24,479		521,634.07		21.31	.244	69.88		5.19
@STATE HOSPITAL	. 2	59	\$	26,031.70	\$	441.22		\$ 13015.85	\$.26
MENTALLY ILL	0	0	•	.00	·	.00	.000	.00		.00
DEVELOP. DISABLED	2	59		26,031.70		441.22	.001	13015.85		.26
@NURSING FACILITY	454	11,258	\$	1,773,640.77		157.54		\$ 3906.70	Ś	17.65
LEV A-INTERMEDIATE	0	0	Ψ	.00	т	.00	.000	.00	т	.00
T.FV R-RFHAR MD	3	91		11,004.63		120.93	.001	3668.21		.11
LEV B-SUBACUTE FREESTANDING	12	456		262,077.99		574.73	.005	21839.83		2.61
LEV B-SUBACUTE HSPTL BASED	8	242		149,873.08		619.31	.002	18734.14		1.49
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	432	10,469		1,350,685.07		129.02	.104	3126.59		13.44
	96	2,920	\$	460,119.00	Ċ	157.58		\$ 4792.91	ċ	4.58
ICF DDH	72	2,190	Ą	326,682.30	۲	149.17	.023	4537.25	۲	3.25
ICF DDH ICF DD	0	2 , 190		.00						
	24					.00	.000	.00		.00
ICF DDN/DDCN		730	÷	133,436.70	Ċ	182.79	.007	5559.86	Ċ	1.33
@HEMODIALYSIS TOTAL	281	2,352	\$	199,046.61	Ş	84.63		\$ 708.35	Þ	1.98
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	281	2,352	_	199,046.61	_	84.63	.023	708.35	_	1.98
@REHABILITATION FACILITY		1,347	\$	17,879.01	Ş	13.27	.013	\$ 158.22	Ş	.18
HOSPITAL BASED	5	11		343.09		31.19	.000	68.62		.00
	108	1,336		17,535.92		13.13	.013	162.37		.17
	2,439	9,139	\$	137,671.12	\$.091		\$	1.37
PATHOLOGY	2,432	9,126		137,527.81		15.07	.091	56.55		1.37
XO AND OTHERS	7	13		143.31		11.02	.000	20.47		.00
@ORGANIZED OUTPATIENT CLINIC	34 , 683	76 , 021	\$	6,616,223.00	\$			\$ 190.76	\$	65.84
CLINIC	617	2,108		51,850.07		24.60	.021	84.04		.52
SURGICENTER	214	681		29,111.12		42.75		136.03		.29
HEROIN DETOX CLINIC	4	35		446.89		12.77	.000	111.72		.00
RURAL HEALTH CLINIC	34,194	73 , 197		6,534,814.92		89.28	.728	191.11		65.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU I	EC 2002	P.	AGE 6,780
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASS:	ISTANCE						
							MC	NTHLY AVERA	.GE	
100,496 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	13,514	483,881	\$	3,340,147.05	\$	6.90	4.815	\$ 247.16	\$	33.24
DURABLE MED. EQUIP.	998	4 , 597		630,702.17		137.20	.046	631.97		6.28
BLOOD BANK	0	0		.00		0.0	000	.00		.00
HEARING AID DISPENSERS	99	164		16,828.83		102.61	.002	169.99		.17
	1,243	63,502		483,603.02		7.62	.632	389.06		4.81
AMBULANCES/AIR TRANS	738	14,113		228,398.04		16.18	.140	309.48		2.27
OTHER TRANS	134	42,297		93,663.70		2.21		698.98		.93
OTHER SERVICES	455	7,092		161,541.28		22.78	.071	355.04		1.61
ACUPUNCTURE	1,940	4,912		83,900.94		17.08	.049	43.25		.83
ADULT DAY HEALTH CARE CTR	324	3,422		227,352.51		66.44	.034	701.71		2.26
GENETIC DISEASE TESTING	93	93		6,533.00		70.25	.001	70.25		.07
IHMC, MODEL-NF, NF, AIDS, MSSP	2 , 472			•		50.04		430.03		10.58
	2,4/2	21,243		1,063,036.43 907.01		14.40	.211	113.38		
OCCUPATIONAL THERAPIST		4 000								.01
OPTICIAN	1,663	4 , 099		49,494.93		12.07	.041	29.76		.49
PHYSICAL THERAPIST	397	3,637		53,226.11		14.63	.036	134.07		.53

10,643

74,724 2,308,168.71 30.89 .744 149.97 22.97

53.51

.106

91.28

5.67

569,518.58

COMM HOSP OUTPATIENT TOTAL

MEDICAL

15,391

6**,**239

PORTABLE X-RAY	2	4	135.28	33.82	.000	67	. 64	.00
PROSTHETIST/ORTHOTISTS	168	534	67 , 679.93	126.74	.005	402	.86	.67
PROSTHETICS	134	495	65,477.10	132.28	.005	488	. 64	.65
ORTHOTICS	34	39	2,202.83	56.48	.000	64	.79	.02
PSYCHOLOGIST	17	38	2,689.03	70.76	.000	158	.18	.03
SPEECH AND AUDIOLOGY	362	1,038	80,887.61	77.93	.010	223	.45	.80
HOSPICE SERVICES	3	34	3,569.83	105.00	.000	1189	.94	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	2,652	26,710	302,744.28	11.33	.266	114	.16	3.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	3 , 073	349 , 791	266,856.14	.76	3.481	86	.84	2.66
@CALIF. CHILDREN SERVICES*	850	11,445	\$ 1,475,619.04	\$ 128.93	.114	\$ 1736	.02	\$ 14.68
@XOVER EXCLUDING STATE HOSP**	8,183	73 , 961	\$ 1,150,425.83	\$ 15.55	.736	\$ 140	.59	\$ 11.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,781 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

MENDOCINO COONTI	SOMMAN OF SEN	VICES FOR MN NO SOC	AGED	AID CODE 14 III	10		
					MON		
4,075 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,943	33,814 \$	1,222,591.77	\$ 36.16	8.298 \$		•
@PHYSICIANS SERVICES	571	1,904 \$	42,629.34		.467 \$		
OUTPATIENT VISITS	37	45	1,506.44	33.48		40.71	.37
OFFICE VISITS	35	42	1,398.92	33.31	.010	39.97	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	89.20	44.60	.000	89.20	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	7	27	936.45	34.68	.007	133.78	.23
HOSPITAL VISITS	7	26	877.55	33.75	.006	125.36	.22
CRITICAL CARE	1	1	58.90	58.90	.000	58.90	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	8	372.81	46.60	.002	62.14	.09
EXAMINATIONS	6	8	372.81	46.60	.002	62.14	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	23	1,799.30	78.23	.006	359.86	.44
PRINCIPAL SURGEON	4	5	1,186.88	237.38	.001	296.72	.29
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.03
ANESTHESIOLOGIST	1	17	505.20	29.72	.004	505.20	.12
OUTPATIENT SURGERY	14	48	4,934.23	102.80	.012	352.45	1.21
PRINCIPAL SURGEON	11	11	4,219.73	383.61	.003	383.61	1.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	37	714.50	19.31	.009	142.90	.18
DIALYSIS	7	15	3,106.77	207.12	.004	443.82	.76
PATHOLOGY	10	17	282.10	16.59	.004	28.21	.07
RADIOLOGY	42	62	2,977.77	48.03	.015	70.90	.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	26.86	8.95	.001	13.43	.01
OTHER SERVICES/ALL X-OVERS	481	1,656	26,686.61	16.12	.406	55.48	6.55
@PHARMACY	2,251	15,820 \$	574,991.63				
PRESCRIPTION DRUGS	2,228	7,622	561,910.36	73.72	1.870	252.20	137.89
	=,==0	.,	,		=		

SNF/ICF	33	130		6,145.82		47.28	.032	186.24		1.51	
OUTPATIENTS	2,201	7,492		555,764.54		74.18	1.839	252.51		136.38	
MEDICAL SUPPLIES	122	8,198		13,081.27		1.60	2.012	107.22		3.21	
@DENTIST	84	288	\$	11,399.00	\$	39.58	.071	\$ 135.70	\$	2.80	
VISITS - DIAGNOSTIC	56	182		2,343.00		12.87	.045	41.84		.57	
ORAL SURGERY	6	20		1,112.00		55.60	.005	185.33		.27	
DRUGS	0	0		.00		.00	.000	.00		.00	
ANESTHESIA	0	0		.00		.00	.000	.00		.00	
PERIODONTICS	0	0		.00		.00	.000	.00		.00	
ENDODONTICS	1	1		260.00		260.00	.000	260.00		.06	
RESTORATIVE DENTISTRY	25	54		3,750.00		69.44	.013	150.00		.92	
PROSTHETICS	0	0		.00		.00	.000	.00		.00	
DENTURES, STAYPLATES	15	30		3,934.00		131.13	.007	262.27		.97	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00	
ALL OTHER SERVICES	1	1		.00		.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MO	NTH-OF-PAYMENT F	REPOR	T FOR JAN	2002 THRU DI	EC 2002	PAC	GE 6,782	
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03	
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR MN - N	O SOC	- AGED	AID	CODE 14 1H	1U				
							MOI	NTHLY AVERA	.GE		
4,075 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES			UNITS/DAYS	COST PER	CC	OST PER	
		OR DAYS OF CAR	E			R UNIT/DAY		USER	ΕI	LIGIBLE	
@OPTOMETRIST	80	216	\$	5 , 157.96			.053		\$	1.27	
DIAGNOSTIC AND ANC. PROCED	28	30		1,272.02		42.40	.007	45.43		.31	
EYE APPLIANCES	56	168		3,349.38		19.94	.041	59.81		.82	

							M	ONT	'HLY AVERA	GΕ	
4,075 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ.	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	80	216	\$	5,157.96	\$	23.88	.053	\$	64.47	\$	1.27
DIAGNOSTIC AND ANC. PROCED	28	30		1,272.02		42.40	.007		45.43		.31
EYE APPLIANCES	56	168		3,349.38		19.94	.041		59.81		.82
OTHER OPTOMETRIC SERVICES	17	18		536.56		29.81	.004		31.56		.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	31	33	\$	440.12	\$	13.34	.008	\$	14.20	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	31	33		440.12		13.34	.008		14.20		.11
@HOME HEALTH AGENCY	2	31	\$	558.36	\$	18.01	.008	\$	279.18	\$.14
NURSE ANESTHESIST	14	78	\$	256.05	\$	3.28	.019	\$	18.29	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	421	2,065	\$	156,985.22	\$	76.02	.507	\$	372.89	\$	38.52
HOSP INPATIENT TOTAL	53	234		116,871.03		499.45	.057		2205.11		28.68
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	19		79 , 172.96		4167.00	.005		15834.59		19.43
ACCOMMODATIONS	5	19		28,040.55		1475.82	.005		5608.11		6.88
ADMINISTRATIVE DAYS	0	0		286.49CF	₹	.00	.000		.00		.07CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		28,327.04		1490.90	.005		5665.41		6.95
ANCILLARIES	5	0		51,132.41		.00	.000		10226.48		12.55
INPATIENT CROSSOVERS	48	215		37 , 698.07		175.34	.053		785.38		9.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	391	1,831		40,114.19		21.91	.449		102.59		9.84
MEDICAL	26	54		2,770.56		51.31	.013		106.56		.68
SURGERY	7	8		959.81		119.98	.002		137.12		.24
PATHOLOGY	58	181		2,234.29		12.34	.044		38.52		.55

RADIOLOGY	33	39		2,379.51		61.01	.010	72.11		.58
ROOM USE	27	41		2,734.28		66.69	.010	101.27		.67
CROSSOVERS/ALL OTH OUTPINT	324	1,508		29,035.74		19.25	.370	89.62		7.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MOI	NTH-OF-PAYMENT I	REPOR	T FOR JAN 2	2002 THRU I	DEC 2002	PA	GE 6,783
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVIC	ES FOR MN - N	O SOC -	- AGED	AID	CODE 14 1H	1U			
							MC	ONTHLY AVERA	GE -	
4,075 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER	C	OST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	421	2,065	\$	156,985.22	\$	76.02	.507	\$ 372.89	\$	38.52
COMM HOSP INPATIENT TOTAL	53	234		116,871.03		499.45	.057	2205.11		28.68
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	19		79,172.96		110,00		15834.59		19.43
ACCOMMODATIONS	5	19		28,040.55		1475.82	.005	5608.11		6.88

ADMINISTRATIVE DAYS	0	0		286.490	CR	.00	.000		.00		.07CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		28,327.04		1490.90	.005		5665.41		6.95
ANCILLARIES	5	0		51,132.41		.00	.000		10226.48		12.55
INPATIENT CROSSOVERS	48	215		37,698.07		175.34	.053		785.38		9.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	391	1,831		40,114.19		21.91	.449		102.59		9.84
MEDICAL	26	54		2,770.56		51.31	.013		102.59		.68
	7										
SURGERY		8		959.81		119.98	.002		137.12		.24
PATHOLOGY	58	181		2,234.29		12.34	.044		38.52		.55
RADIOLOGY	33	39		2,379.51		61.01	.010		72.11		.58
ROOM USE	27	41		2,734.28		66.69	.010		101.27		.67
CROSSOVERS/ALL OTH OUTPINT	324	1,508		29,035.74		19.25	.370		89.62		7.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	65	1,149	\$	152,135.77	\$	132.41	.282	Ś		Ś	37.33
LEV A-INTERMEDIATE	0	0	Ψ	.00	т	.00	.000	Τ.	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	U	-		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	65	1,149		152,135.77		132.41	.282		2340.55		37.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	35	544	\$	25,244.80	\$	46.41	.133	\$	721.28	\$	6.20
HOSPITAL BASED	0	0	•	.00		.00	.000	•	.00		.00
HEMODIALYSIS CENTER	35	544		25,244.80		46.41	.133		721.28		6.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Ą	.00	Ą	.00	.000	۲	.00	ې	.00
HOSPITAL BASED	0	•									
INDEPENDENT FACILITY	•	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	102	\$	1,246.49	\$	12.22	.025	Ş	59.36	Ş	.31
PATHOLOGY	20	101		1,242.47		12.30	.025		62.12		.30
XO AND OTHERS	1	1		4.02		4.02	.000		4.02		.00
@ORGANIZED OUTPATIENT CLINIC	1,056	2 , 065	\$	117,742.17	\$	57.02	.507	\$	111.50	\$	28.89
CLINIC	5	50		999.69		19.99	.012		199.94		.25
SURGICENTER	16	19		1,132.31		59.60	.005		70.77		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,043	1,996		115,610.17		57.92	.490		110.84		28.37
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT R	EPOR					PZ	AGE 6,784
MOP024	FEE-FOR-SERVICE				(LI OI	1 1010 01110 1	2002 111110	DLO	2002		01/17/03
MENDOCINO COUNTY			900	C - AGED	V L D	CODE 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11				01/11/05
MENDOCINO COONII	SOMMANT OF SERV	ICES FOR MN NO	500	AGED	AID	CODE 14 III	M		LITY ATTEDA	CF -	
4 OZE ELICIPLES	USERS	IINIES OF SERVICE		EADENDIMIDEC	71.77	EDACE COCE					COST PER
4,075 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	567	9,519	\$	133,804.86	\$	14.06	2.336	Ş	235.99	Ş	32.84
DURABLE MED. EQUIP.	23	43		13,396.43		311.54	.011		582.45		3.29
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	14		2,440.11		174.29	.003		305.01		.60
MEDICAL TRANSPORTATION	39	2,696		11,514.85		4.27	.662		295.25		2.83
AMBULANCES/AIR TRANS	1	70		502.98		7.19	.017		502.98		.12
OTHER TRANS	8	1,892		5,996.03		3.17	.464		749.50		1.47
OTHER SERVICES	31	734		5,015.84		6.83	.180		161.80		1.23
ACUPUNCTURE	20	58		973.19		16.78	.014		48.66		.24
17COT 01/CT 01/F	20	50		913.19		10.70	.014		-U.UU		• 4 7

ADULT DAY HEALTH CARE CTR	14	184	12,281.93	66.75	.045	877.28	3.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	216	1,245	70,715.09	56.80	.306	327.38	17.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	84	216	2,950.36	13.66	.053	35.12	.72
PHYSICAL THERAPIST	11	109	919.04	8.43	.027	83.55	.23
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	489.22	97.84	.001	244.61	.12
PROSTHETICS	2	5	489.22	97.84	.001	244.61	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	28	57	5,024.06	88.14	.014	179.43	1.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	234	4,892	13,100.58	2.68	1.200	55.99	3.21
@CALIF. CHILDREN SERVICES*	0	8CR \$	141.71CR \$	17.71	.002CR\$.00 \$.03CR
@XOVER EXCLUDING STATE HOSP**	942	5 , 142 \$	141,635.71 \$	27.54	1.262 \$	150.36 \$	34.76

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERA	GE
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
30 11101110	ОВЫКО	OR DAYS OF CARE	DAI DINDITORDO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27	1,597 \$	15,969.89	\$ 10.00	53.233 \$		\$ 532.33
@PHYSICIANS SERVICES	8	85 \$	691.92	\$ 8.14	2.833 \$		\$ 23.06
OUTPATIENT VISITS	2	3	70.36	23.45	.100	35.18	2.35
OFFICE VISITS	2	3	70.36	23.45	.100	35.18	2.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	39.86	39.86	.033	39.86	1.33
EXAMINATIONS	1	1	39.86	39.86	.033	39.86	1.33
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	1	225.04	225.04	.033	225.04	7.50
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2	3	50.16	16.72	.100	25.08	1.67
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	77	306.50	3.98	2.567	51.08	10.22
@PHARMACY	15	34 \$	2,972.67	\$ 87.43	1.133	\$ 198.18	\$ 99.09
PRESCRIPTION DRUGS	15	34	2,972.67	87.43	1.133	198.18	99.09
SNF/ICF	1	1	35.56	35.56	.033	35.56	1.19
OUTPATIENTS	14	33	2,937.11	89.00	1.100	209.79	97.90
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 6,786

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

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						M	INC	HLY AVERA	GE	
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$ 123.15	\$	30.79	.133	\$	61.58	\$	4.11
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.033		47.45		1.58
EYE APPLIANCES	1	3	53.11		17.70	.100		53.11		1.77
OTHER OPTOMETRIC SERVICES	1	0	22.59		.00	.000		22.59		.75
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 24.69	\$	24.69	.033	\$	24.69	\$.82
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1		24.69	24.69	.033	24.69		.82
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		24.69	24.69	.033	24.69		.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PAGE	6,787
MOP024	FEE-FOR-SERVICE/D	ENTAL						0	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO	SOC	- BLIND	AID CODE	24			
						MOI	NTHLY AVERA	GE	
30 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COS	T PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	24.69	\$ 24.69	.033		\$.82
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00

30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	_	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 24.69	\$	24.69	.033	\$	24.69	\$.82
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1	24.69		24.69	.033		24.69		.82
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.69		24.69	.033		24.69		.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	1	31	\$ 3 , 571.51	\$	115.21	1.033	\$	3571.51	\$	119.05
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	31		3,571.51		115.21	1.033		3571.51		119.05
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	133	\$	3,168.34	\$	23.82	4.433	\$	1584.17	\$	105.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	133		3,168.34		23.82	4.433		1584.17		105.61
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	133.55	\$	12.14	.367	\$	44.52	\$	4.45
PATHOLOGY	3	11		133.55		12.14	.367		44.52		4.45
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	20	\$	1,900.72	\$	95.04	.667	\$	211.19	\$	63.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	20		1,900.72		95.04	.667		211.19		63.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,788
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC	- BLIND		AID CODE	24				
									HLY AVERA	GE ·	
30 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER	(COST PER
		OR DAYS OF CARE	1		PER	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE
@ALL OTHER PROVIDERS	6	1,278	\$	3,383.34	\$	2.65	42.600	\$		\$	112.78
DURABLE MED. EQUIP.	1	2		83.51		41.76	.067		83.51		2.78
BLOOD BANK	0	0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION	3	1,263		3,195.44	2.53	42.100	1065.15	106.51	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	1	1,123		2,702.50	2.41	37.433	2702.50	90.08	
OTHER SERVICES	2	140		492.94	3.52	4.667	246.47	16.43	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	1	5		53.96	10.79	.167	53.96	1.80	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	8		50.43	6.30	.267	50.43	1.68	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	7	225	\$	896.15	\$ 3.98	7.500	\$ 128.02	\$ 29.87	
<pre>@* TOTALS IN THESE LINES ARE GIVEN</pre>	AS A SEPARATE	INFORMATION :	ITEM ONLY	;					
THE AMOUNTS ARE ALREADY INCLUDE:	O IN THE APPROP	RIATE DETAIL	LINES AB	OVE.					
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DE	TAIL LINES AF	BOVE.						

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HEARING AID DISPENSERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,789 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MO	NTHLY AVERA	GE
2,852 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,610	35,685 \$	1,827,982.29	\$ 51.23	12.512	\$ 700.38	\$ 640.95
@PHYSICIANS SERVICES	511	1,671 \$	64,352.42	\$ 38.51	.586	\$ 125.93	\$ 22.56
OUTPATIENT VISITS	96	154	5,328.86	34.60	.054	55.51	1.87
OFFICE VISITS	89	141	4,786.91	33.95	.049	53.79	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	9	435.81	48.42	.003	145.27	.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	106.14	26.54	.001	26.54	.04
INPATIENT VISITS	25	164	7,499.10	45.73	.058	299.96	2.63
HOSPITAL VISITS	25	153	6,446.10	42.13	.054	257.84	2.26
CRITICAL CARE	5	10	1,025.50	102.55	.004	205.10	.36
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	11	11	523.16	47.56	.004	47.56	.18
EXAMINATIONS	11	11	523.16	47.56	.004	47.56	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	186	10,857.58	58.37	.065	517.03	3.81
PRINCIPAL SURGEON	14	25	8,124.43	324.98	.009	580.32	2.85
ASSISTANT SURGEON	2	2	459.98	229.99	.001	229.99	.16
ANESTHESIOLOGIST	8	159	2,273.17	14.30	.056	284.15	.80

OUTPATIENT SURGERY	34	72		11,306.39		157.03	.025		332.54		3.96
PRINCIPAL SURGEON	32	43		10,478.24		243.68	.015		327.45		3.67
ASSISTANT SURGEON	1	1		141.88		141.88	.000		141.88		.05
ANESTHESIOLOGIST	5	28		686.27		24.51	.010		137.25		.24
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	33	54		1,605.28		29.73	.019		48.64		.56
RADIOLOGY	97	266		14,532.43		54.63	.093		149.82		5.10
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	5		1,553.26		310.65	.002		310.65		.54
OTHER SERVICES/ALL X-OVERS	323	759		11,146.36		14.69	.266		34.51		3.91
@PHARMACY	2,075	18,629	\$	940,625.96	\$		6.532	\$		\$	329.81
PRESCRIPTION DRUGS	2,051	8,343	•	928,911.06		111.34	2.925	•	452.91	•	325.71
SNF/ICF	17	151		8,414.34		55.72	.053		494.96		2.95
OUTPATIENTS	2,034	8,192		920,496.72		112.37	2.872		452.55		322.75
MEDICAL SUPPLIES	128	10,286		11,714.90		1.14	3.607		91.52		4.11
@DENTIST	87	404	\$	15,392.75	\$	38.10	.142	\$	176.93	\$	5.40
VISITS - DIAGNOSTIC	63	237		3,025.75		12.77	.083		48.03		1.06
ORAL SURGERY	18	76		4,503.00		59.25	.027		250.17		1.58
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		100.00		50.00	.001		50.00		.04
PERIODONTICS	3	4		585.00		146.25	.001		195.00		.21
ENDODONTICS	1	1		215.00		215.00	.000		215.00		.08
RESTORATIVE DENTISTRY	25	41		3,508.00		85.56	.014		140.32		1.23
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	9	42		3,426.00		81.57	.015		380.67		1.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,790
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR MN - N	o soc	C - DISABLED 64	6G 61	H 6U 6V 62	K 8G				
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----- MONTHLY AVERAGE -----2,852 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 200 22.95 .070 \$ 66.53 \$ 4,590.78 1.61 27 46.25 DIAGNOSTIC AND ANC. PROCED 27 1,248.80 46.25 .009 . 44 EYE APPLIANCES 52 157 3,008.86 19.16 .055 57.86 1.06 11 OTHER OPTOMETRIC SERVICES 16 333.12 20.82 .006 30.28 .12 3 @CHIROPRACTOR 11 158.84 14.44 .004 \$ 52.95 .06 VISITS 9 125.40 13.93 .003 62.70 .04 2 OTHER SERVICES 33.44 16.72 .001 33.44 .01 @PODIATRIST 19 21 476.89 22.71 .007 \$ 25.10 \$.17 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 SURGERY/ANES. .000 0 0 .00 .000 .00 RADIO./PATHOLOGY .00 .00 19 21 OTHER 476.89 22.71 .007 25.10 .17 @HOME HEALTH AGENCY 41 2,934.11 71.56 .014 \$ 419.16 1.03 28 5.09 .010 20.36 .05 NURSE ANESTHESIST 142.51 NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 .00 0 0 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 502,524.39 @TOTAL HOSPITAL 556 2,469 203.53 .866 \$ 903.82 176.20 HOSP INPATIENT TOTAL 56 344 435,201.04 1265.12 .121 7771.45 152.60 HSC HOSPITALS 29 44,758.00 1543.38 .010 11189.50 15.69

NON-HSC HOSPITAL TOTAL	22	181		364,086.47	2011.53	.063	16549.39		127.66
ACCOMMODATIONS	22	181		102,881.11	568.40	.063	4676.41		36.07
ADMINISTRATIVE DAYS	3	4		1,078.19	269.55	.001	359.40		.38
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	20	177		101,802.92	575.16	.062	5090.15		35.70
ANCILLARIES	22	0		261,205.36	.00	.000	11872.97		91.59
INPATIENT CROSSOVERS	33	134		26,356.57	196.69	.047	798.68		9.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	521	2,125		67,323.35	31.68	.745	129.22		23.61
MEDICAL	88	157		9,280.67	59.11	.055	105.46		3.25
SURGERY	25	28		1,890.98	67.54	.010	75.64		.66
PATHOLOGY	176	733		8,510.98	11.61	.257	48.36		2.98
RADIOLOGY	76	122		10,427.93	85.47	.043	137.21		3.66
ROOM USE	106	160		7,333.06	45.83	.056	69.18		2.57
CROSSOVERS/ALL OTH OUTPINT	340	925		29,879.73	32.30	.324	87.88		10.48
@COUNTY HOSPITAL TOTAL	3	51	\$	727.35	\$ 14.26	.018	\$ 242.45	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	51		727.35	14.26	.018	242.45		.26
MEDICAL	2	6		161.72	26.95	.002	80.86		.06
SURGERY	2	2		37.06	18.53	.001	18.53		.01
PATHOLOGY	1	22		167.66	7.62	.008	167.66		.06
RADIOLOGY	1	8		119.89	14.99	.003	119.89		.04
ROOM USE	2	3		103.60	34.53	.001	51.80		.04
CROSSOVERS/ALL OTH OUTPINT	2	10		137.42	13.74	.004	68.71		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU 1	DEC 2002	PF	AGE 6,791
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO) SO	C - DISABLED 64 6	6G 6H 6U 6V 6X	8G			
						MO	ONTHLY AVER	AGE -	
2,852 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	553	2,418	\$	501,797.04	\$ 207.53	.848	\$ 907.41	\$	175.95

2,852 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	553	2,418 \$	501,797.04	\$ 207.53	.848	\$ 907.41	\$ 175.95
COMM HOSP INPATIENT TOTAL	56	344	435,201.04	1265.12	.121	7771.45	152.60
HSC HOSPITALS	4	29	44,758.00	1543.38	.010	11189.50	15.69
NON-HSC HOSPITALS TOTAL	22	181	364,086.47	2011.53	.063	16549.39	127.66
ACCOMMODATIONS	22	181	102,881.11	568.40	.063	4676.41	36.07
ADMINISTRATIVE DAYS	3	4	1,078.19	269.55	.001	359.40	.38
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	177	101,802.92	575.16	.062	5090.15	35.70
ANCILLARIES	22	0	261,205.36	.00	.000	11872.97	91.59
INPATIENT CROSSOVERS	33	134	26,356.57	196.69	.047	798.68	9.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	518	2,074	66,596.00	32.11	.727	128.56	23.35
MEDICAL	86	151	9,118.95	60.39	.053	106.03	3.20
SURGERY	23	26	1,853.92	71.30	.009	80.61	.65
PATHOLOGY	175	711	8,343.32	11.73	.249	47.68	2.93
RADIOLOGY	75	114	10,308.04	90.42	.040	137.44	3.61
ROOM USE	104	157	7,229.46	46.05	.055	69.51	2.53

338	915		29,742.31		32.51	.321		88.00		10.43
0	0	\$	•	\$.00	.000	\$		\$.00
0	0	·	.00	·	.00	.000	·	.00	•	.00
0	0		.00		.00	.000		.00		.00
15	140	\$	23,209.83	\$	165.78	.049	\$	1547.32	\$	8.14
0	0	·	.00	·	.00	.000	·	.00	•	.00
0	0		.00		.00	.000		.00		.00
9 0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
15	140		23,209.83		165.78	.049		1547.32		8.14
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
15	19	\$	10,527.09	\$	554.06	.007	\$	701.81	\$	3.69
0	0		.00		.00	.000		.00		.00
15	19		10,527.09		554.06	.007		701.81		3.69
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
	213	\$	1,587.95	\$	7.46	.075	\$		\$.56
42	213		1,587.95		7.46	.075		37.81		.56
0	0		.00		.00	.000		.00		.00
1,199	2,944	\$	•	\$			\$		\$	64.18
2	3									.05
12	30		•							.43
0	0									.00
	•		•							63.70
		RES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,792
										01/17/03
SUMMARY OF SERVICE:	S FOR MN - N	o soc	- DISABLED 64	6G 61	H 6U 6V 6X					
		_						HLY AVERA	GE -	
	0 0 0 15 0 0 0 0 0 15 0 0 0 0 15 0 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 \$ 0 0 0 0 0 0 15 140 \$ 0 15 140 0 \$ 0 0 0 0 15 140 0 \$ 0 0 0 0 0 15 19 \$ 0 0 0 0 15 19 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	0 0 \$.00 0 0 0 .00 15 140 \$ 23,209.83 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 15 140 23,209.83 0 0 0 .00 15 140 23,209.83 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 15 19 \$ 10,527.09 0 0 0 .00 15 19 \$ 10,527.09 0 0 0 .00 15 19 10,527.09 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 1,191 2,944 \$ 183,033.72 2 3 135.04 12 30 1,230.62 0 0 .00 1,191 2,911 181,668.06 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT R	0 0 0 \$.00	0 0 \$.00 \$	0 0 0 \$.00 \$.00 \$.00 .000 15 140 \$ 23,209.83 \$ 165.78 .049 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00	0 0 \$.00 \$.00 \$.00 .00 \$.0	0 0 \$.00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00	0 0 \$.00 \$

2,852 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
2,002 111011110	ODLINO	OR DAYS OF CARE	EMILINDITORED	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	390	8,895 \$	78,425.05	\$ 8.82	3.119		
		•	•	•			·
DURABLE MED. EQUIP.	23	68	5,820.95	85.60	.024	253.08	2.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	3	2 , 466.05	822.02	.001	1233.03	.86
MEDICAL TRANSPORTATION	39	952	11,299.47	11.87	.334	289.73	3.96
AMBULANCES/AIR TRANS	10	352	4,837.18	13.74	.123	483.72	1.70
OTHER TRANS	5	127	312.25	2.46	.045	62.45	.11
OTHER SERVICES	26	473	6,150.04	13.00	.166	236.54	2.16
ACUPUNCTURE	47	114	1,946.37	17.07	.040	41.41	.68
ADULT DAY HEALTH CARE CTR	12	92	6,135.89	66.69	.032	511.32	2.15
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	55	456	32,845.95	72.03	.160	597.20	11.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	208	2,685.33	12.91	.073	34.87	.94
PHYSICAL THERAPIST	13	78	1,413.00	18.12	.027	108.69	.50
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	33	4,198.86	127.24	.012	1399.62	1.47
PROSTHETICS	3	33	4,198.86	127.24	.012	1399.62	1.47
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	11	392.40	35.67	.004	65.40	.14

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	88		907.08	10.31	.031	113.39	.32
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	160	6 , 792		8,313.70	1.22	2.381	51.96	2.92
@CALIF. CHILDREN SERVICES*	9	50	\$	9,818.76	\$ 196.38	.018	\$ 1090.97	\$ 3.44
@XOVER EXCLUDING STATE HOSP**	632	4,175	\$	77,616.85	\$ 18.59	1.464	\$ 122.81	\$ 27.21
A* TOTALS IN THESE LINES ARE CIVEN	7	T TNEODMATTON	TTEM ONLY	•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,793 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MONTHLY AVERAGE						
82,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	39 , 385	253 , 711	\$ 14,422,513.93	\$ 56.85	3.068	\$ 366.19	\$ 174.41				
@PHYSICIANS SERVICES	6,711	19 , 212	\$ 1,114,611.38	\$ 58.02	.232	\$ 166.09	\$ 13.48				
OUTPATIENT VISITS	2,006	2 , 652	109,777.69	41.39	.032	54.72	1.33				
OFFICE VISITS	1,548	1 , 913	65 , 791.84	34.39	.023	42.50	.80				
HOME VISITS	0	0	.00	.00	.000	.00	.00				
EMERGENCY ROOM	146	164	7,908.03	48.22	.002	54.16	.10				
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00				
OB VISITS/COMPRE PERI	269	488	33,308.28	68.25	.006	123.82	.40				
OTHER OUTPATIENT	81	86	2,725.69	31.69	.001	33.65	.03				
INPATIENT VISITS	677	2,448	157,018.39	64.14	.030	231.93	1.90				
HOSPITAL VISITS	642	1 , 965	85 , 679.85	43.60	.024	133.46	1.04				
CRITICAL CARE	98	483	71,338.54	147.70	.006	727.94	.86				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	83	92	4,466.25	48.55	.001	53.81	.05				

EXAMINATIONS	83	92		4,466.25		48.55	.001		53.81		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	655	3 , 532		380,504.85		107.73	.043		580.92		4.60
PRINCIPAL SURGEON	425	517		309,474.30		598.60	.006		728.17		3.74
ASSISTANT SURGEON	69	70		14,990.16		214.15	.001		217.25		.18
ANESTHESIOLOGIST	263	2,945		56,040.39		19.03	.036		213.08		.68
OUTPATIENT SURGERY	813	2,886		182,006.10		63.07	.035		223.87		2.20
PRINCIPAL SURGEON	608	729		136,695.26		187.51	.009		224.83		1.65
ASSISTANT SURGEON	6	6		594.25		99.04	.000		99.04		.01
ANESTHESIOLOGIST	305	2,151		44,716.59		20.79	.026		146.61		.54
DIALYSIS	10	22		2,867.18		130.33	.000		286.72		.03
PATHOLOGY	1,220	1,873		51,418.69		27.45	.023		42.15		.62
RADIOLOGY	2,774	4,184		152,960.40		36.56	.051		55.14		1.85
PSYCHIATRY	1	1		29.18		29.18	.000		29.18		.00
IMMUNIZATION AND INJECTION	93	267		17,553.04		65.74	.003		188.74		.21
OTHER SERVICES/ALL X-OVERS	690	1,255		56,009.61		44.63	.015		81.17		.68
@PHARMACY	16,274	40,315	\$	1,640,416.67	\$	40.69	.488	\$	100.80	\$	19.84
PRESCRIPTION DRUGS	16,113	33,861		1,593,942.85		47.07	.409		98.92		19.27
SNF/ICF	2	2		44.05		22.03	.000		22.03		.00
OUTPATIENTS	16,113	33,859		1,593,898.80		47.07	.409		98.92		19.27
MEDICAL SUPPLIES	435	6,454		46,473.82		7.20	.078		106.84		.56
@DENTIST	1,627	6,288	\$	208,493.33	\$	33.16	.076	\$	128.15	\$	2.52
VISITS - DIAGNOSTIC	1,199	4,099		64,470.17		15.73	.050		53.77		.78
ORAL SURGERY	255	663		50,013.50		75.44	.008		196.13		.60
DRUGS	18	19		301.00		15.84	.000		16.72		.00
ANESTHESIA	75	76		7,115.00		93.62	.001		94.87		.09
PERIODONTICS	15	15		1,470.00		98.00	.000		98.00		.02
ENDODONTICS	61	124		11,340.00		91.45	.001		185.90		.14
RESTORATIVE DENTISTRY	526	1,238		68,781.75		55.56	.015		130.76		.83
PROSTHETICS	3	3		90.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	5	12		2,607.00		217.25	.000		521.40		.03
SPACE MAINTAINERS	7	7		880.00		125.71	.000		125.71		.01
MAXILLOFACIAL SERVICES	8	12		1,030.20		85.85	.000		128.78		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	9		394.71		43.86	.000		65.79		.00
ALL OTHER SERVICES	7	11		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	PA	GE 6,794
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59	5J 5W-5Y	6J				
										~-	

----- MONTHLY AVERAGE -----82,695 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,032 68.45 \$ @OPTOMETRIST 690 47,231.08 23.24 .025 \$.57 DIAGNOSTIC AND ANC. PROCED 517 521 24,418.11 46.87 .006 47.23 .30 1,492 22,285.23 14.94 .018 42.37 .27 EYE APPLIANCES 527.74 27.78 27.78 OTHER OPTOMETRIC SERVICES 19 19 .000 .01 57 .001 \$ @CHIROPRACTOR 121 1,981.32 16.37 34.76 \$.02 57 121 .001 VISITS 1,981.32 16.37 34.76 .02 OTHER SERVICES 0 .00 .00 .000 .00 .00 \$ 151.90 @PODIATRIST 1 151.90 .000 \$ 151.90 \$.00 MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 1 151.90 151.90 151.90 .00 SURGERY/ANES. .000 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER 0 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 80 254 16,575.28 65.26 .003 \$ 207.19 \$.20 NURSE ANESTHESIST 3.37 .56 .000 \$ 3.37 \$.00

NURSE MIDWIFE	337	1,543	\$	47,038.38	\$	30.49	.019	\$ 139.58	\$.57
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	10,131	50,952	\$	6,807,990.59	\$	133.62	.616	\$ 672.00	\$	82.33
HOSP INPATIENT TOTAL	704	3,020		5,376,021.80		1780.14	.037	7636.39		65.01
HSC HOSPITALS	64	642		987,636.04		1538.37	.008	15431.81		11.94
NON-HSC HOSPITAL TOTAL	651	2,378		4,388,385.76		1845.41	.029	6740.99		53.07
ACCOMMODATIONS	605	2,378		1,651,468.13		694.48	.029	2729.70		19.97
ADMINISTRATIVE DAYS	9	39		8,676.47		222.47	.000	964.05		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	600	2,339		1,642,791.66		702.35	.028	2737.99		19.87
ANCILLARIES	651	0		2,736,917.63		.00	.000	4204.17		33.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	9,789	47,932		1,431,968.79		29.88	.580	146.28		17.32
MEDICAL	4,611	6 , 823		349,764.45		51.26	.083	75.85		4.23
SURGERY	850	1,071		76,904.30		71.81	.013	90.48		.93
PATHOLOGY	4,596	15 , 887		182,813.27		11.51	.192	39.78		2.21
RADIOLOGY	2,216	3,012		214,911.27		71.35	.036	96.98		2.60
ROOM USE	5 , 239	7,374		325,513.91		44.14	.089	62.13		3.94
CROSSOVERS/ALL OTH OUTPTNT	3,734	13,765		282,061.59		20.49	.166	75.54		3.41
@COUNTY HOSPITAL TOTAL	17	124	\$	98 , 272.69	\$	792.52	.001	\$ 5780.75	\$	1.19
CO HOSPITAL INPATIENT TOTAL	3	81		96,795.02		1195.00	.001	32265.01		1.17
HSC HOSPITALS	3	81		96,795.02		1195.00	.001	32265.01		1.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	14	43		1,477.67		34.36	.001	105.55		.02
MEDICAL	6	8		390.45		48.81	.000	65.08		.00
SURGERY	1	3		86.97		28.99	.000	86.97		.00
PATHOLOGY	2	9		164.19		18.24	.000	82.10		.00
RADIOLOGY	1	2		76.47		38.24	.000	76.47		.00
ROOM USE	11	14		556.67		39.76	.000	50.61		.01
CROSSOVERS/ALL OTH OUTPTNT		7		202.92		28.99	.000	33.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PA	AGE 6,795
MOP024	FEE-FOR-SERVICE/DEN	NTAL								01/17/03

----- MONTHLY AVERAGE -----82,695 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 10,116 .615 \$ 663.28 \$ @COMMUNITY HOSPITAL TOTAL 50,828 6,709,717.90 \$ 132.01 81.14 .036 7530.99 COMM HOSP INPATIENT TOTAL 701 2,939 5,279,226.78 1796.27 63.84 HSC HOSPITALS 61 561 890,841.02 1587.95 .007 14603.95 10.77 NON-HSC HOSPITALS TOTAL 651 2,378 4,388,385.76 1845.41 .029 6740.99 53.07 2,378 605 19.97 ACCOMMODATIONS 1,651,468.13 694.48 .029 2729.70 9 39 8,676.47 222.47 964.05 .10 ADMINISTRATIVE DAYS .000 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 2,339 1,642,791.66 702.35 .028 ALL OTHER ACCOM 600 2737.99 19.87 ANCILLARIES 651 0 2,736,917.63 .00 .000 4204.17 33.10 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

MENDOCINO COUNTY

COMM HOSP OUTPATIENT TOTAL	9 , 776	47,889		1,430,491.12		29.87	.579		146.33		17.30
MEDICAL	4,605	6,815		349,374.00		51.27	.082		75.87		4.22
SURGERY	849	1,068		76,817.33		71.93	.013		90.48		.93
PATHOLOGY	4,595	15,878		182,649.08		11.50	.192		39.75		2.21
RADIOLOGY	2,215	3,010		214,834.80		71.37	.036		96.99		2.60
ROOM USE	5,229	7,360		324,957.24		44.15	.089		62.15		3.93
CROSSOVERS/ALL OTH OUTPTNT		13,758		281,858.67		20.49	.166		75.59		3.41
@STATE HOSPITAL	0	13,730	\$.00	Ś	.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	8	\$	1,760.88	Ċ	220.11	.000	Ś	1760.88	<u> </u>	.02
@NURSING FACILITY	U T	0	Þ	•	Þ			Þ		Þ	
LEV A-INTERMEDIATE	O .	•		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	8		1,760.88		220.11	.000		1760.88		.02
@INTERMEDIATE CARE FACILDD	1	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	584	\$	42,301.34	\$	72.43	.007	\$	3253.95	\$.51
HOSPITAL BASED	4	47		17,780.10		378.30	.001		4445.03		.22
HEMODIALYSIS CENTER	9	537		24,521.24		45.66	.006		2724.58		.30
@REHABILITATION FACILITY	15	70	\$	1,145.89	\$	16.37	.001	\$	76.39	\$.01
HOSPITAL BASED	1	2CR	·	15.58	·	7.79CR	.000		15.58	•	.00
INDEPENDENT FACILITY	14	72		1,130.31		15.70	.001		80.74		.01
@LABORATORY FACILITY	2,054	5,436	\$	105,233.31	\$	19.36	.066	Ś	51.23	Ś	1.27
PATHOLOGY	2,054	5,436	'	105,233.31	'	19.36	.066		51.23		1.27
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21,667	40,769	\$	3,896,482.26	¢	95.57	.493	¢	179.83	Ġ	47.12
CLINIC	572	2,307	۲	50,236.34	٧	21.78	.028	7	87.83	Υ	.61
SURGICENTER	55	256		9,679.33		37.81	.003		175.99		.12
HEROIN DETOX CLINIC	0	230		.00		.00	.003		.00		.00
	21,230	38,206		3,836,566.59		100.42	.462		180.71		46.39
RURAL HEALTH CLINIC			DEC.	MONTH-OF-PAYMENT R	EDODI			DEC		ъ	
#CALIF DEPT OF HEALTH SERV			KES .	MONTH-OF-PAIMENT R	EPUR	I FOR JAN 2	2002 THRU	DEC	2002	Ρ.	AGE 6,796
MOP024	FEE-FOR-SERVICE		00 0	7.4 2.4 2.0 2.7 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	- 4 -	0	C =				01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR MN-NOS	OC-F	AM 34 39 3N 3T 3V	54 5	9 3J 3W-31		ONTE		с п	
00 605 BLIGIDING	HOEDO	INTEG OF GERMAN	_	DADENDIBLIDES	70 77 77		M				
82,695 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,035	86,120	\$	491,096.95	\$	5.70	1.041	Ş	121.71	Ş	5.94
DURABLE MED. EQUIP.	99	194		17,475.60		90.08	.002		176.52		.21
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	21		1,020.53		48.60	.000		145.79		.01
MEDICAL TRANSPORTATION	277	12,109		217,872.89		17.99	.146		786.54		2.63

128,405.65

9,519.39

79,947.85

37,094.55

22,922.00

14,820.06

16,985.62

.00

.00

159.93

16.81

17.13

77.97

15.99

10.45

16.44

.00

.00

1567.60

2.15

.092

.053

.001

.026

.000

.004

.000

.000

.017

.012

477.34

3173.13

1665.58

41.49

78.23

79.97

24.87

147.70

.00

.00

1.55

.12

.97

.45

.00

.28

.00

.00

.18

.21

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST

269

3

0

0

2

48

894

293

596

115

7,638

4,420

2,166

51

0

0

10

1,418

1,033

294

PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	45	111	13,773.15	124.08	.001	30	6.07	.17
PROSTHETICS	29	90	12,749.81	141.66	.001	43	9.65	.15
ORTHOTICS	16	21	1,023.34	48.73	.000	6	3.96	.01
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	34	63	5,057.16	80.27	.001	14	8.74	.06
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	121	6.16	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	1,606	9,108	108,955.58	11.96	.110	6	7.84	1.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	139	59 , 582	33,743.72	.57	.721	24	2.76	.41
@CALIF. CHILDREN SERVICES*	395	3,421	\$ 1,266,347.15	\$ 370.17	.041	\$ 320	5.94	\$ 15.31
@XOVER EXCLUDING STATE HOSP**	70	169	\$ 3,115.61	\$ 18.44	.002	\$ 4	4.51	\$.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,797 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR 20 MED.	гсаппі	NEEDI - NO SOC		MC	אר כו בונו או או או או או	CE
00 650 BLIGIBLES	HORDO	INTEG OF GERIAGE	-		ALIEDACE COCE		NTHLY AVERA	-
89,652 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	44,965	324,807	\$	17,489,057.88	\$ 53.84	3.623		
@PHYSICIANS SERVICES	7,801	22,872	\$, ,	\$ 53.44	.255		•
OUTPATIENT VISITS	2,141	2,854		116,683.35	40.88	.032	54.50	1.30
OFFICE VISITS	1,674	2 , 099		72,048.03	34.32	.023	43.04	.80
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	150	175		8,433.04	48.19	.002	56.22	.09
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	269	488		33,308.28	68.25	.005	123.82	.37
OTHER OUTPATIENT	86	91		2,850.15	31.32	.001	33.14	.03
INPATIENT VISITS	709	2,639		165,453.94	62.70	.029	233.36	1.85
HOSPITAL VISITS	674	2,144		93,003.50	43.38	.024	137.99	1.04
CRITICAL CARE	104	494		72,422.94	146.61	.006	696.37	.81
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	101	112		5,402.08	48.23	.001	53.49	.06
EXAMINATIONS	101	112		5,402.08	48.23	.001	53.49	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	681	3,741		393,161.73	105.10	.042	577.33	4.39
PRINCIPAL SURGEON	443	547		318,785.61	582.79	.006	719.61	3.56
ASSISTANT SURGEON	72	73		15,557.36	213.11	.001	216.07	.17
ANESTHESIOLOGIST	272	3,121		58,818.76	18.85	.035	216.25	.66
OUTPATIENT SURGERY	861	3,006		198,246.72	65.95	.034	230.25	2.21
PRINCIPAL SURGEON	651	783		151,393.23	193.35	.009	232.55	1.69
ASSISTANT SURGEON	7	7		736.13	105.16	.000	105.16	.01
ANESTHESIOLOGIST	315	2,216		46,117.36	20.81	.025	146.40	.51
DIALYSIS	18	38		6,198.99	163.13	.000	344.39	.07
PATHOLOGY	1,263	1,944		53,306.07	27.42	.022	42.21	.59
RADIOLOGY	2,915	4,515		170,520.76	37.77	.050	58.50	1.90
PSYCHIATRY	1	1		29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	100	275		19,133.16	69.58	.003	191.33	.21
OTHER SERVICES/ALL X-OVERS	1,500	3,747		94,149.08	25.13	.042	62.77	1.05
@PHARMACY	20,615	74,798	\$		\$ 42.23	.834		
PRESCRIPTION DRUGS	20,407	49,860	•	3,087,736.94	61.93	.556	151.31	34.44
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^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	53	284		14,639.77		51.55	.003		276.22		.16
OUTPATIENTS	20,362	49,576		3,073,097.17		61.99	.553		150.92		34.28
MEDICAL SUPPLIES	685	24,938		71,269.99		2.86	.278		104.04		.79
@DENTIST	1,798	6,980	\$	235,285.08	\$	33.71	.078	\$	130.86	\$	2.62
VISITS - DIAGNOSTIC	1,318	4,518		69,838.92		15.46	.050		52.99		.78
ORAL SURGERY	279	759		55,628.50		73.29	.008		199.39		.62
DRUGS	18	19		301.00		15.84	.000		16.72		.00
ANESTHESIA	77	78		7,215.00		92.50	.001		93.70		.08
PERIODONTICS	18	19		2,055.00		108.16	.000		114.17		.02
ENDODONTICS	63	126		11,815.00		93.77	.001		187.54		.13
RESTORATIVE DENTISTRY	576	1,333		76,039.75		57.04	.015		132.01		.85
PROSTHETICS	4	4		120.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	29	84		9,967.00		118.65	.001		343.69		.11
SPACE MAINTAINERS	7	7		880.00		125.71	.000		125.71		.01
MAXILLOFACIAL SERVICES	8	12		1,030.20		85.85	.000		128.78		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	9		394.71		43.86	.000		65.79		.00
ALL OTHER SERVICES	8	12		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORT	r for Jan :	2002 THRU	DEC	2002	PΑ	GE 6,798
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL:	LY NEEDY - NO SOC							
							M	TNC	HLY AVERA	GE -	
89,652 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES			UNITS/DAY		COST PER		OST PER
		OR DAYS OF CAR	Ε		PEF		PER ELIG		USER		LIGIBLE
@OPTOMETRIST	841	2,452	\$	57 , 102.97	\$.027	\$		\$.64
DIAGNOSTIC AND ANC. PROCED	573	579		26,986.38		46.61	.006		47.10		.30
EYE APPLIANCES	635	1,820		28,696.58		15.77			45.19		.32
OTHER OPTOMETRIC SERVICES	48	53		1,420.01		26.79	.001		29.58		.02
@CHIROPRACTOR	60	132	\$	2,140.16	\$	16.21	.001	\$		\$.02
VISITS	59	130		2,106.72		16.21	.001		35.71		.02
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	51	55	\$	1,068.91	\$	19.43	.001	\$	20.96	\$.01

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	151.90	151.90	.000	151.90	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	50	54	917.01	16.98	.001	18.34	.01
@HOME HEALTH AGENCY	89	326 \$	20,067.75	\$ 61.56	.004 \$		\$.22
NURSE ANESTHESIST	22	112 \$	401.93	\$ 3.59	.001 \$		\$.00
NURSE MIDWIFE	337	1,543 \$	47,038.38	\$ 30.49	.017 \$	139.58	\$.52
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	11,109	55 , 487 \$	7,467,524.89	\$ 134.58	.619 \$	672.20	
HOSP INPATIENT TOTAL	813	3,598	5,928,093.87	1647.61	.040	7291.63	66.12
HSC HOSPITALS	68	671	1,032,394.04	1538.59	.007	15182.27	11.52
NON-HSC HOSPITAL TOTAL	678	2,578	4,831,645.19	1874.18	.029	7126.32	53.89
ACCOMMODATIONS	632	2,578	1,782,389.79	691.38	.029	2820.24	19.88
ADMINISTRATIVE DAYS	12	43	9,468.17	220.19	.000	789.01	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	625	2,535	1,772,921.62	699.38	.028	2836.67	19.78
ANCILLARIES	678	0	3,049,255.40	.00	.000	4497.43	34.01
INPATIENT CROSSOVERS	81	349	64,054.64	183.54	.004	790.80	.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	10,702	51,889	1,539,431.02	29.67	.579	143.85	17.17
MEDICAL	4,725	7,034	361,815.68	51.44	.078	76.57	4.04
SURGERY	882	1,107	79,755.09	72.05	.012	90.43	.89
PATHOLOGY	4,830	16,801	193,558.54	11.52	.187	40.07	2.16
RADIOLOGY	2,325	3,173	227,718.71	71.77	.035	97.94	2.54
ROOM USE	5,372	7,575	335,581.25	44.30	.084	62.47	3.74
CROSSOVERS/ALL OTH OUTPTNT		16,199	341,001.75	21.05	.181	77.52	3.80
@COUNTY HOSPITAL TOTAL	20	175 \$	99,000.04	\$ 565.71		4950.00	
CO HOSPITAL INPATIENT TOTAL		81	96,795.02	1195.00	.002	32265.01	1.08
HSC HOSPITALS	3	81	96,795.02	1195.00	.001	32265.01	1.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	94	2,205.02	23.46	.001	129.71	.02
MEDICAL	8	14	552.17	39.44	.000	69.02	.01
SURGERY	3	5	124.03	24.81	.000	41.34	.00
PATHOLOGY	3	31	331.85	10.70	.000	110.62	.00
RADIOLOGY	2	10	196.36	19.64	.000	98.18	.00
ROOM USE	13	17	660.27	38.84	.000	50.79	.01
CROSSOVERS/ALL OTH OUTPTNT	8	17	340.34	20.02	.000	42.54	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC					PAGE 6,799
MOP024	FEE-FOR-SERVICE	,		21 01(1 1 01(0111(2	LOOZ IIIKO DE	0 2002	01/17/03
MENDOCINO COUNTY		ICES FOR 28 MEDICALLY	NEEDY - NO SOC				,,
	***************************************				MON'	THLY AVERA	GE
89,652 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,091	55,312 \$	7,368,524.85	\$ 133.22	.617 \$		
COMM HOSP INPATIENT TOTAL	810	3,517	5,831,298.85	1658.03	.039	7199.13	65.04
HSC HOSPITALS	65	590	935,599.02	1585.76	.007	14393.83	10.44
NON-HSC HOSPITALS TOTAL	678	2 , 578	4,831,645.19	1874.18	.029	7126.32	53.89
ACCOMMODATIONS	632	2,578	1,782,389.79	691.38	.029	2820.24	19.88

ADMINISTRATIVE DAYS	12	43		9,468.17		220.19	.000		789.01		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	625	2 , 535		1,772,921.62		699.38	.028		2836.67		19.78
ANCILLARIES	678	0		3,049,255.40		.00	.000		4497.43		34.01
INPATIENT CROSSOVERS	81	349		64,054.64		183.54	.004		790.80		.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10,686	51,795		1,537,226.00		29.68	.578		143.85		17.15
MEDICAL	4,717	7,020		361,263.51		51.46	.078		76.59		4.03
SURGERY	879	1,102		79,631.06		72.26	.012		90.59		.89
PATHOLOGY	4,828	16,770		193,226.69		11.52	.187		40.02		2.16
RADIOLOGY	2,323	3,163		227,522.35		71.93	.035		97.94		2.54
ROOM USE	5 , 360	7,558		334,920.98		44.31	.084		62.49		3.74
CROSSOVERS/ALL OTH OUTPTNT		16,182		340,661.41		21.05	.180		77.56		3.80
@STATE HOSPITAL	4 , 332	0	\$.00	\$.00	.000	Ġ		\$.00
MENTALLY ILL	0	0	Y	.00	۲	.00	.000	Y	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	82	1,328	\$		\$			\$	2203.39	ċ	2.02
LEV A-INTERMEDIATE	0	1,320	Ą	.00	Ş	.00	.013	ې	.00	Ą	.00
	0			.00					.00		
LEV B-REHAB MD	ŭ	0				.00	.000				.00
LEV B-SUBACUTE FREESTANDING	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	•	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	82	1,328	_	180,677.99		136.05	.015	_	2203.39	_	2.02
@INTERMEDIATE CARE FACILDD	1	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	65	1,280	\$		\$			\$	1249.87	\$.91
HOSPITAL BASED	4	47		17,780.10		378.30	.001		4445.03		.20
HEMODIALYSIS CENTER	61	1,233		63,461.47		51.47	.014		1040.35		.71
@REHABILITATION FACILITY	15	70	\$	1,145.89	\$	16.37	.001	\$	76.39	\$.01
HOSPITAL BASED	1	2CR		15.58		7.79CR	.000		15.58		.00
INDEPENDENT FACILITY	14	72		1,130.31		15.70	.001		80.74		.01
@LABORATORY FACILITY	2,120	5,762	\$	108,201.30	\$	18.78	.064	\$	51.04	\$	1.21
PATHOLOGY	2,119	5,761		108,197.28		18.78	.064		51.06		1.21
XO AND OTHERS	1	1		4.02		4.02	.000		4.02		.00
@ORGANIZED OUTPATIENT CLINIC	23,931	45,798	\$	4,199,158.87	\$	91.69	.511	\$	175.47	\$	46.84
CLINIC	579	2,360		51,371.07		21.77	.026		88.72		.57
SURGICENTER	83	305		12,042.26		39.48	.003		145.09		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23,473	43,133		4,135,745.54		95.88	.481		176.19		46.13
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RI	EPOR'	r for Jan 2		DEC		PZ	AGE 6,800
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY		ICES FOR 28 MEDI	CALL	Y NEEDY - NO SOC							
							M	ONT	HLY AVERA	GE -	
89,652 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST					COST PER
, ======	5523	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,998	105,812	\$	706,710.20	\$	6.68	1.180		141.40		7.88
DURABLE MED. EQUIP.	146	307	τ	36,776.49	т	119.79	.003	Τ.	251.89	т	.41
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	17	38		5 , 926.69		155.97	.000		348.63		.07
MEDICAL TRANSPORTATION	358	17,020		243,882.65		14.33	.190		681.24		2.72
AMBULANCES/AIR TRANS	280	8,060		133,745.81		16.59	.090		477.66		1.49
OTHER TRANS	17	7,562		18,530.17		2.45	.084		1090.01		.21
OTHER TRANS OTHER SERVICES	107	1,398		91,606.67		65.53	.016		856.14		1.02
ACUPUNCTURE	961	2,338		40,014.11		17.11	.016		41.64		.45
VOOLOMOTOVE	301	2,330		40,014.11		T / • T T	.020		41.04		.40

ADULT DAY HEALTH CARE CTR	26	276	18,417.82	66.73	.003	708.38	.21
GENETIC DISEASE TESTING	293	294	22,922.00	77.97	.003	78.23	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	271	1,701	103,561.04	60.88	.019	382.14	1.16
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97	.00
OPTICIAN	758	1,847	20,509.71	11.10	.021	27.06	.23
PHYSICAL THERAPIST	139	1,220	19,317.66	15.83	.014	138.98	.22
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	50	149	18,461.23	123.90	.002	369.22	.21
PROSTHETICS	34	128	17,437.89	136.23	.001	512.88	.19
ORTHOTICS	16	21	1,023.34	48.73	.000	63.96	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	68	131	10,473.62	79.95	.001	154.02	.12
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,614	9,196	109,862.66	11.95	.103	68.07	1.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	534	71,274	55,208.43	.77	.795	103.39	.62
@CALIF. CHILDREN SERVICES*	404	3,463	\$ 1,276,024.20	\$ 368.47	.039	\$ 3158.48	\$ 14.23
@XOVER EXCLUDING STATE HOSP**	1,651	9,711	\$ 223,264.32	\$ 22.99	.108	\$ 135.23	\$ 2.49

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,801 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

						MON	ITHLY AVERA	GE
277 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	Ē		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	349	3,153	\$	208,150.29	\$ 66.02	11.383 \$	596.42	\$ 751.45
@PHYSICIANS SERVICES	64	155	\$	2,105.00	\$ 13.58	.560 \$	32.89	\$ 7.60
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	155	2,105.00	13.58	.560	32.89	7.60
@PHARMACY	221	980 \$	78,086.53	\$ 79.68	3.538	\$ 353.33	\$ 281.90
PRESCRIPTION DRUGS	217	966	77,756.25	80.49	3.487	358.32	280.71
SNF/ICF	42	273	11,398.05	41.75	.986	271.38	41.15
OUTPATIENTS	176	693	66,358.20	95.75	2.502	377.04	239.56
MEDICAL SUPPLIES	7	14	330.28	23.59	.051	47.18	1.19
@DENTIST	2	4 \$	107.00	\$ 26.75	.014	\$ 53.50	\$.39
VISITS - DIAGNOSTIC	2	3	59.00	19.67	.011	29.50	.21
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.004	48.00	.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,802

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

							Mo	TNC	HLY AVERA	GΕ	
277 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	2		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	17	\$	295.90	\$	17.41	.061	\$	49.32	\$	1.07
DIAGNOSTIC AND ANC. PROCED	1	1		47.43		47.43	.004		47.43		.17
EYE APPLIANCES	5	14		244.21		17.44	.051		48.84		.88
OTHER OPTOMETRIC SERVICES	1	2		4.26		2.13	.007		4.26		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	23.46	\$	7.82	.011	\$	7.82	\$.08
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		23.46		7.82	.011		7.82		.08
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	28	\$	40.47	\$	1.45	.101	\$	20.24	\$.15
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49	295	\$	16,224.26	\$	55.00	1.065	\$	331.11	\$	58.57
HOSP INPATIENT TOTAL	15	69		11,056.78		160.24	.249		737.12		39.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	15	69		11,056.78	160.24	.249	737.12	39.92
ALL OTHER INPATIENT	0	0		.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	36	226		5,167.48	22.86	.816	143.54	18.66
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	226		5,167.48	22.86	.816	143.54	18.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00		.00	.00
ROOM USE	0	0		.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-OF	-PAYMENT R	EPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 6,803
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AGEI)	AID	CODE		
						l	MONTHLY AVERA	AGE

277 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	295	\$	16,224.26	\$	55.00	1.065		331.11		58.57
COMM HOSP INPATIENT TOTAL	15	69	·	11,056.78	·	160.24	.249		737.12	·	39.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	15	69		11,056.78		160.24	.249		737.12		39.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36	226		5,167.48		22.86	.816		143.54		18.66
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		226		5,167.48	_	22.86	.816		143.54		18.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0 50	1 007	ć	.00	ć	.00	.000	Ċ	.00	Ċ	.00
@NURSING FACILITY	0	1,027	\$	95,118.50	\$	92.62	3.708	\$	1902.37	\$	343.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	11 0		1,330.23 .00		120.93 .00	.040		1330.23		4.80
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	49	1,016		93,788.27		92.31	3.668		1914.05		338.59
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Υ	.00	Ψ	.00	.000	۲	.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	808.22	\$	404.11	.007	\$	808.22	\$	2.92
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	1	2		808.22		404.11	.007		808.22		2.92
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	58	121	\$	4,986.81	\$	41.21	.437	\$	85.98	\$	18.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	1		2.10C	R	2.10CR	.004		1.05C	R	.01CR
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	120					.433		89.09		18.01
		CES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	002 THRU	DEC	2002	Р	AGE 6,804
MOP024	FEE-FOR-SERVIC		~~~								01/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 29 MN -	SOC .	- AGED		AID CO		ONTE		C.E.	
277 ELICIDIES	HCEDC	INTER OF CERTICE		EXDENDIBLEC	70 7 7 7				HLY AVERA		
277 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
ANII OTHED DDOMINEDS	62	OR DAYS OF CARE	\$	10 25/ 1/		R UNIT/DAY 19.87			USER 167.00		ELIGIBLE 37.38
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	62	521 13	Ą	10,354.14 6,405.59	\$	492.74	.047	Ş	2135.20	ې	23.12
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DHOOD DIMIN	9	O		.00		• 0 0	• 000		• • • •		• • • •

HEARING AID DISPENSERS	1	1		566.32		566.32	.004		566.32		2.04
MEDICAL TRANSPORTATION	16	363		289.11CF	R	.80CR	1.310		18.07C	R	1.04CR
AMBULANCES/AIR TRANS	0	77CR		3,551.08CF	R	46.12	.278C	3	.00		12.82CR
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	16	440		3,261.97		7.41	1.588		203.87		11.78
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	1	1		66.54		66.54	.004		66.54		.24
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	10	29		430.89		14.86	.105		43.09		1.56
PHYSICAL THERAPIST	1	2		36.95		18.48	.007		36.95		.13
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	1	4		924.48		231.12	.014		924.48		3.34
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	32	108		2,212.48		20.49	.390		69.14		7.99
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	144	973	\$	27,818.81	\$	28.59	3.513	\$	193.19	\$	100.43
<pre>@* TOTALS IN THESE LINES ARE GIV</pre>	EN AS A SEPARATE	INFORMATION	ITEM ONLY	Υ;							

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,805 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

INDUCTIVE COUNTY	DOIMMING OF DELIC	VIOLO IOIC SO III	500	DEIND	1110 0	000		
						MO	NTHLY AVERA	AGE
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	28	\$	1,282.89	\$ 45.82	14.000	\$ 641.45	\$ 641.45
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
	0	0						
RADIOLOGY	U	_	.00	.00	.000	.00		.00
PSYCHIATRY	O	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	1	8 \$	384.76	\$ 48.10	4.000	\$ 384.76	\$	192.38
PRESCRIPTION DRUGS	1	8	384.76	48.10	4.000	384.76		192.38
SNF/ICF	_ 1	8	384.76	48.10	4.000	384.76		192.38
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
	0	0						
MEDICAL SUPPLIES	0		.00	.00	.000	.00	<u>^</u>	.00
@DENTIST	Ü	0 \$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	Û	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
	0	0						
PROSTHETICS	U	U	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	Ü	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
	0	· ·	.00	.00	.000			.00
ALL OTHER SERVICES	0 0 MEDI-CAL SERVIC	0	.00	.00	.000	.00	ÞΔ	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		0 ES AND EXPENDITURES MO	.00	.00	.000	.00	PA	.00 GE 6,806
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO JOENTAL	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN 2	.000 2002 THRU D	.00	PA	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO	.00 NTH-OF-PAYMENT RI	.00	.000 2002 THRU D	.00 EC 2002		.00 GE 6,806
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES MO COUNTAL CICES FOR 30 MN - SOC	.00 NTH-OF-PAYMENT RI - BLIND	.00 EPORT FOR JAN 2 AID CO	.000 2002 THRU D DDE MO	.00 EC 2002 NTHLY AVERA	AGE -	.00 GE 6,806 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO JOENTAL	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN 2 AID CO AVERAGE COST	.000 2002 THRU D DDE MO UNITS/DAYS	.00 EC 2002 NTHLY AVERA COST PER	AGE -	.00 GE 6,806
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES MO COUNTAL CICES FOR 30 MN - SOC	.00 NTH-OF-PAYMENT RI - BLIND	.00 EPORT FOR JAN 2 AID CO	.000 2002 THRU D DDE MO	.00 EC 2002 NTHLY AVERA COST PER USER	AGE - C E	.00 GE 6,806 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDITURES MO COMMON TO THE TO TH	.00 NTH-OF-PAYMENT RI - BLIND	.00 EPORT FOR JAN 2 AID CO AVERAGE COST	.000 2002 THRU D DDE MO UNITS/DAYS	.00 EC 2002 NTHLY AVERA COST PER USER	AGE - C E	.00 GE 6,806 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 EES AND EXPENDITURES MO JOINTAL TICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG	.00 EC 2002 NTHLY AVERA COST PER USER	AGE - C E	.00 GE 6,806 01/17/03 OST PER LIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	0 EES AND EXPENDITURES MO E/DENTAL FICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00	AGE - C E	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	0 EES AND EXPENDITURES MO E/DENTAL FICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00	AGE - C E	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	0 EES AND EXPENDITURES MO E/DENTAL FICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O EES AND EXPENDITURES MO E/DENTAL FICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00	AGE - C E	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O EES AND EXPENDITURES MO E/DENTAL FICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O S O O O O S O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O EES AND EXPENDITURES MO L/DENTAL TICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O CES AND EXPENDITURES MO CAPEL AND EXPENDITURES MO CAPEL OR DAYS OF CARE OR DAYS OF CARE O S O O O O O S O O O O S O O O S O O O O S O O O O S O O O O O O S O O O O O S O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERAL COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O EES AND EXPENDITURES MO A/DENTAL TICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O S O O S O O O S O O S O O O S O O O O S O O O O S O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	O CES AND EXPENDITURES MO CAPEL AND EXPENDITURES MO CAPEL OR DAYS OF CARE OR DAYS OF CARE O S O O O O O S O O O O S O O O S O O O O S O O O O S O O O O O O S O O O O O S O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERAL COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MOST TO THE PROPERTY OF SERVICE OR DAYS OF CARE O SOCIO O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERFORM COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MOST TO THE PROPERTY OF SERVICE OR DAYS OF CARE O \$ O	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERFORM COST PER USER \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MOST TO THE PROPERTY OF SERVICE OR DAYS OF CARE O SOCIO O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERFORM COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E S S	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MODULE OF COMMENTAL CICES FOR 30 MN - SOC ON THE COMMENT OF COMME	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERFORM COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E \$ \$ \$.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MODE OF COMMENTAL CICES FOR 30 MN - SOC ON THE OR DAYS OF CARE O SOC O SO	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERFORM COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - CE E S S S S S S	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O CES AND EXPENDITURES MODE OF COMMENTAL CICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE O SOC	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE - C E S S S S S S S S S S S S S S S S S S	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O S O S O S O S O S O S O S O S O S O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	AGE - C E E S S S S S S S S S S S S S S S S S	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O S O S O S O S O S O S O S O S O S O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D DDE MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00	AGE - CE	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O S O S O S O S O S O S O S O S O S O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D 200E MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00	AGE - C E E S S S S S S S S S S S S S S S S S	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O S O S O S O S O S O S O S O S O S O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D 200E MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 \$.00 .00 \$.00	AGE - CE	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O S O S O S O S O S O S O S O S O S O S	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN 2 AID CO AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU D 200E MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 \$.00	AGE - CE	.00 GE 6,806 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC 2002	P	AGE 6,807
MOP024	FEE-FOR-SERVICE/									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR 30 MN -	SOC -	- BLIND		AID CO	ODE			
								ONTHLY AVER		
02 ELIGIBLES	USERS	JNITS OF SERVICE		EXPENDITURES				S COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF CARE	<u> </u>	0.0			PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	O	•		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGI DOOM HEE	0	0		.00		.00	.000	.00		.00

ROOM USE

.00

.00

.000

.00

.00

CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	19	\$	89	6.70	\$	47.19	9.500	\$	896.70	\$	448.35
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	19		89	6.70		47.19	9.500		896.70		448.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$		1.43	\$	1.43	.500	\$	1.43	\$.72
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1			1.43		1.43	.500		1.43		.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	JRES MC	NTH-OF-PAYM	ENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	ΡZ	AGE 6,808
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	30 MN	- SOC	- BLIND			AID CC	DE				

				[v]	MONTHLY AVERAGE	;
02 FITCIBIES	HEEDE	INTER OF SERVICE	FADEMULLIDEC	AMEDICE COST HINTES/DAY	COOT DED	COGT DED

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,809
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

----- MONTHLY AVERAGE -----333 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 443 5**,**639 739,729.88 \$ 131.18 16.934 \$ 1669.82 \$ 2221.41 @PHYSICIANS SERVICES 140 715 33,792.51 47.26 2.147 \$ 241.38 \$ 101.48 30 34.03 .120 45.38 OUTPATIENT VISITS 1,361.31 28 38 1,208.63 31.81 .114 43.17 3.63 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 2 .006 EMERGENCY ROOM 152.68 76.34 76.34 .46 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .000 .00 0 0 OTHER OUTPATIENT .00 .00 .000 .00 .00 18 109 .327 INPATIENT VISITS 4,963.31 45.53 275.74 14.90 .303 18 101 41.01 230.14 12.44 HOSPITAL VISITS 4,142.51 102.60 CRITICAL CARE 4 8 820.80 .024 205.20 2.46 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 161.45 53.82 .009 53.82 .48

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	3	3		161.45	53.82	.009	53.82		.48
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	23	160		8,899.70	55.62	.480	386.94	2	6.73
PRINCIPAL SURGEON	16	21		5,964.95	284.05	.063	372.81		7.91
ASSISTANT SURGEON	4	4		819.80	204.95	.012	204.95		2.46
ANESTHESIOLOGIST	9	135		2,114.95	15.67	.405	234.99		6.35
OUTPATIENT SURGERY	23	109		9,735.82	89.32	.327	423.30		9.24
PRINCIPAL SURGEON	16	28		8,249.32	294.62	.084	515.58		4.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	2	.00
	9	81		1,486.50	18.35	.243	165.17		4.46
ANESTHESIOLOGIST	0	0		•	.00	.000	.00		.00
DIALYSIS	9	12		.00					
PATHOLOGY	-			469.39	39.12	.036	52.15		1.41
RADIOLOGY	40	104		3,321.41	31.94	.312	83.04		9.97
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	5		41.18	8.24	.015	20.59		.12
OTHER SERVICES/ALL X-OVERS	78	173		4,838.94	27.97	.520	62.04		4.53
@PHARMACY	280	2,998	\$	254,756.90	\$ 84.98	9.003	909.85	\$ 76	5.04
PRESCRIPTION DRUGS	269	1,414		251 , 753.22	178.04	4.246	935.89	75	6.02
SNF/ICF	14	160		11,557.26	72.23	.480	825.52	3	4.71
OUTPATIENTS	257	1,254		240,195.96	191.54	3.766	934.61	72	1.31
MEDICAL SUPPLIES	23	1,584		3,003.68	1.90	4.757	130.59		9.02
@DENTIST	15	54	\$	2,395.00	\$ 44.35	.162	159.67	\$	7.19
VISITS - DIAGNOSTIC	7	10	·	205.00	20.50	.030	29.29		.62
ORAL SURGERY	3	28		1,338.00	47.79	.084	446.00		4.02
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.003	100.00		.30
PERIODONTICS	0	0		.00	.00	.000	.00		.00
	0	0							.00
ENDODONTICS	0	14		.00	.00	.000	.00		
RESTORATIVE DENTISTRY	5			727.00	51.93	.042	145.40		2.18
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		25.00	25.00	.003	25.00		.08
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	EC 2002		6,810
MOP024	FEE-FOR-SERVIC		000		TD CODEC CE C	7 (1.7		UI	/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 31 MN	- 500	: - DISABLED A	ID CODES 65 67			~=	
			_			MOI			
333 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST	
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIG	
@OPTOMETRIST	7	20	\$	445.88	\$ 22.29	.060		Ş	1.34
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.012	47.45		.57
EYE APPLIANCES	6	16		256.08	16.01	.048	42.68		.77
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0	т	.00	.00	.000	.00	т	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
	5		ċ					Ċ	
@HOME HEALTH AGENCY		26	\$	1,835.81	\$ 70.61	.078			5.51
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	Ş	.00

3 161.45 53.82 .009 53.82

.48

3

EXAMINATIONS

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	614	\$	355,688.00	\$	579.30	1.844	\$ 3293.41	\$	1068.13
HOSP INPATIENT TOTAL	23	161		339,733.88		2110.15	.483	14771.04		1020.22
HSC HOSPITALS	1	3		4,755.00		1585.00	.009	4755.00		14.28
NON-HSC HOSPITAL TOTAL	17	133		331,921.82		2495.65	.399	19524.81		996.76
ACCOMMODATIONS	15	133		89,924.90		676.13	.399	5994.99		270.04
ADMINISTRATIVE DAYS	2	25		5,519.10		220.76	.075	2759.55		16.57
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	14	108		84,405.80		781.54	.324	6028.99		253.47
ANCILLARIES	17	0		241,996.92		.00	.000	14235.11		726.72
INPATIENT CROSSOVERS	5	25		3,057.06		122.28	.075	611.41		9.18
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5 0 97	453		15,954.12		35.22	1.360	164.48		47.91
MEDICAL	25	35		1,470.28		42.01	.105	58.81		4.42
SURGERY	8	10		1,187.53		118.75	.030	148.44		3.57
PATHOLOGY	28	130		2,028.75		15.61	.390	72.46		6.09
RADIOLOGY	20	26		3,469.36		133.44	.078	173.47		10.42
ROOM USE	22	33		2,016.92		61.12	.099	91.68		6.06
CROSSOVERS/ALL OTH OUTPINT		219		5,781.28		26.40	.658	97.99		17.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES M	MONTH-OF-PAYMENT R	REPOR	T FOR JAN	2002 THRU	DEC 2002	P	PAGE 6,811
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 31 MN	- SOC	C - DISABLED A	ID C	ODES 65 67	6W			
							M	ONTHLY AVERA	4GE	
333 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CA	RE		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
GCOMMINITAL HOCDIAL HORAT	1 0 0	611	ċ	255 600 00	ċ	570 20	1 0 / /	¢ 2202 /1	ċ	1000 10

					MO	N'I'HLY AVERA	GE
333 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	614 \$	355,688.00	\$ 579.30	1.844	\$ 3293.41	\$ 1068.13
COMM HOSP INPATIENT TOTAL	23	161	339,733.88	2110.15	.483	14771.04	1020.22
HSC HOSPITALS	1	3	4,755.00	1585.00	.009	4755.00	14.28
NON-HSC HOSPITALS TOTAL	17	133	331,921.82	2495.65	.399	19524.81	996.76
ACCOMMODATIONS	15	133	89,924.90	676.13	.399	5994.99	270.04
ADMINISTRATIVE DAYS	2	25	5,519.10	220.76	.075	2759.55	16.57
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	108	84,405.80	781.54	.324	6028.99	253.47
ANCILLARIES	17	0	241,996.92	.00	.000	14235.11	726.72
INPATIENT CROSSOVERS	5	25	3,057.06	122.28	.075	611.41	9.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOOD OHEDZETENE BOEZI	0.7	452		15 054 10		25 22	1 260		1 (4 4 0		47 01
COMM HOSP OUTPATIENT TOTAL	97	453		15,954.12		35.22	1.360		164.48		47.91
MEDICAL	25	35		1,470.28		42.01	.105		58.81		4.42
SURGERY	8	10		1,187.53		118.75	.030		148.44		3.57
PATHOLOGY	28	130		2,028.75		15.61	.390		72.46		6.09
RADIOLOGY	20	26		3,469.36		133.44	.078		173.47		10.42
ROOM USE	22	33		2,016.92		61.12	.099		91.68		6.06
CROSSOVERS/ALL OTH OUTPTNT	59	219		5,781.28		26.40	.658		97.99		17.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	т	.00	т.	.00	.000	7	.00	7	.00
DEVELOP. DISABLED	0	Õ		.00		.00	.000		.00		.00
@NURSING FACILITY	10	387	\$	41,902.99	Ś	108.28	1.162	ċ	4190.30	Ś	125.83
-	0		Ą	•	Ş			Ą		Ą	
LEV A-INTERMEDIATE		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	387		41,902.99		108.28	1.162		4190.30		125.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	4	\$	1,483.10	\$	370.78	.012	Ċ	370.78	\$	4.45
	4	0	Ą	•	۲		.000	Ą	.00	Ą	.00
HOSPITAL BASED	0	· ·		.00		.00					
HEMODIALYSIS CENTER	4	4		1,483.10		370.78	.012		370.78		4.45
@REHABILITATION FACILITY	0	0	Ş	.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	24	\$	470.73	\$	19.61	.072	\$	58.84	\$	1.41
PATHOLOGY	8	24		470.73		19.61	.072		58.84		1.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	141	316	Ś	21,538.58	\$	68.16	.949	Ś	152.76	\$	64.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	141	316					.949		152.76		
RURAL HEALTH CLINIC				21,538.58		68.16		D=0			64.68
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO	JNTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 6,812
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	SOC	- DISABLED A	ID CC	DDES 65 67					
							M	HTMO	LY AVERA	GE -	
	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S C		C	OST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	+	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	87 11	481	\$	25,420.38	\$	52.85	1.444	\$	292.19	\$	76.34
DURABLE MED. EQUIP.	11	35		3,891.03		111.17	.105		353.73		11.68
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	2		50.00		25.00	.006		50.00		.15
MEDICAL TRANSPORTATION	13	169		2,538.43		15.02	.508		195.26		7.62
AMBULANCES/AIR TRANS	7	56		1,248.09		22.29	.168		178.30		3.75
	1	3									.08
OTHER TRANS				25.08		8.36	.009		25.08		
OTHER SERVICES	5	110		1,265.26		11.50	.330		253.05		3.80
ACUPUNCTURE	15	34		583.91		17.17	.102		38.93		1.75
ADULT DAY HEALTH CARE CTR	6	55		3,260.48		59.28	.165		543.41		9.79
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	19	105		11,355.02		108.14	.315		597.63		34.10
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN											
OLITCIIII	10	28		324.01		11.57	.084		32.40		.97
PHYSICAL THERAPIST	10 0	28 0		324.01		11.57 .00	.084		32.40		.97 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	20	2,232.34	111.62	.060	1116.17	6.70
PROSTHETICS	2	20	2,232.34	111.62	.060	1116.17	6.70
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	833.20	208.30	.012	416.60	2.50
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	29	351.96	12.14	.087	29.33	1.06
@CALIF. CHILDREN SERVICES*	3	7	\$ 331.15	\$ 47.31	.021	\$ 110.38	\$.99
@XOVER EXCLUDING STATE HOSP**	103	1,699	\$ 15,173.03	\$ 8.93	5.102	\$ 147.31	\$ 45.56

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	NTHLY AVERA	GE
283 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	413	3 , 157	\$	295,539.39	\$ 93.61	11.155	715.59	\$ 1044.31
@PHYSICIANS SERVICES	131	527	\$	27,138.43	\$ 51.50	1.862	207.16	\$ 95.90
OUTPATIENT VISITS	34	40		1,497.86	37.45	.141	44.05	5.29
OFFICE VISITS	32	38		1,414.81	37.23	.134	44.21	5.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		27.93	27.93	.004	27.93	.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		55.12		55.12	.004		55.12		.19
INPATIENT VISITS	11	59		2,852.31		48.34	.208		259.30		10.08
HOSPITAL VISITS	11	53		2,365.91		44.64	.187		215.08		8.36
CRITICAL CARE	2	6		486.40		81.07	.021		243.20		1.72
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	5		260.35		52.07	.018		65.09		.92
EXAMINATIONS	4	5		260.35		52.07	.018		65.09		.92
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	22	191		10,079.34		52.77	.675		458.15		35.62
PRINCIPAL SURGEON	15	31		7,359.50		237.40	.110		490.63		26.01
ASSISTANT SURGEON	1	1		266.19		266.19	.004		266.19		.94
ANESTHESIOLOGIST	11	159		2,453.65		15.43	.562		223.06		8.67
OUTPATIENT SURGERY	16	59		4,597.49		77.92	.208		287.34		16.25
PRINCIPAL SURGEON	12	14		3,731.93		266.57	.049		310.99		13.19
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	45		865.56		19.23	.159		144.26		3.06
DIALYSIS	1	4		144.32		36.08	.014		144.32		.51
PATHOLOGY	15	20		477.68		23.88	.071		31.85		1.69
RADIOLOGY	61	113		5,122.35		45.33	.399		83.97		18.10
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		110.81		.00	.000		.00		.39
OTHER SERVICES/ALL X-OVERS	21	36		1,995.92		55.44	.127		95.04		7.05
@PHARMACY	110	605	\$	20,761.21	\$	34.32	2.138	\$	188.74	\$	73.36
PRESCRIPTION DRUGS	108	288		20,595.46		71.51	1.018		190.70		72.78
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	108	288		20,595.46		71.51	1.018		190.70		72.78
MEDICAL SUPPLIES	4	317		165.75		.52	1.120		41.44		.59
@DENTIST	27	116	\$	5,153.00	\$	44.42	.410	\$	190.85	\$	18.21
VISITS - DIAGNOSTIC	17	45		443.00		9.84	.159		26.06		1.57
ORAL SURGERY	7	16		730.00		45.63	.057		104.29		2.58
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		.00		.00	.004		.00		.00
PERIODONTICS	2	2		200.00		100.00	.007		100.00		.71
ENDODONTICS	3	3		245.00		81.67	.011		81.67		.87
RESTORATIVE DENTISTRY	11	44		3,480.00		79.09	.155		316.36		12.30
PROSTHETICS	1	1		30.00		30.00	.004		30.00		.11
DENTURES, STAYPLATES	1	1		25.00		25.00	.004		25.00		.09
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.011		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 THRU	DEC	2002	P	AGE 6,814
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

----- MONTHLY AVERAGE -----283 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 6 21 \$ 539.99 25.71 .074 \$ 90.00 \$ 1.91 DIAGNOSTIC AND ANC. PROCED 284.70 47.45 .021 47.45 1.01 6 EYE APPLIANCES 5 15 255.29 17.02 .053 51.06 .90 .000 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 \$.000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES 0 0 .00 .000 .00 @PODIATRIST 200.30 \$ 200.30 .004 \$ 200.30 \$.71

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	1	1		200.30		200.30	.004		200.30		.71
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	14 \$	>	1,012.50	\$	72.32	.049	\$	506.25	\$	3.58
NURSE ANESTHESIST	0	0 \$	>	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	189	865	>	206,713.72	\$	238.98	3.057	\$	1093.72	\$	730.44
HOSP INPATIENT TOTAL	23	80		182,439.21		2280.49	.283		7932.14		644.66
HSC HOSPITALS	4	14		15,892.80		1135.20	.049		3973.20		56.16
NON-HSC HOSPITAL TOTAL	20	66		166,546.41		2523.43	.233		8327.32		588.50
ACCOMMODATIONS	19	66		38,232.55		579.28	.233		2012.24		135.10
ADMINISTRATIVE DAYS	1	2		411.48		205.74	.007		411.48		1.45
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	64		37,821.07		590.95	.226		2101.17		133.64
ANCILLARIES	20	0		128,313.86		.00	.000		6415.69		453.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	175	785		24,274.51		30.92	2.774		138.71		85.78
MEDICAL	80	118		6,186.98		52.43	.417		77.34		21.86
SURGERY	14	16		1,234.86		77.18	.057		88.20		4.36
PATHOLOGY	86	325		3,478.50		10.70	1.148		40.45		12.29
RADIOLOGY	65	87		6,881.63		79.10	.307		105.87		24.32
ROOM USE	75	96		4,076.84		42.47	.339		54.36		14.41
CROSSOVERS/ALL OTH OUTPINT	65	143		2,415.70		16.89	.505		37.16		8.54
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	iom a		EPOR			DEC		Р	AGE 6,815
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY		, VICES FOR 32 MN - S	SOC -	- FAMILIES AID CO	DDE	5R 6R 37					
							M	ONT	HLY AVERA	GE	
283 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST				-	COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	865	5	206,713.72	\$				1093.72		730.44
COMM HOSP INPATIENT TOTAL	23	80		182,439.21	'	2280.49	.283		7932.14		644.66
HSC HOSPITALS	4	14		15,892.80		1135.20	.049		3973.20		56.16
NON-HSC HOSPITALS TOTAL	20	66		166,546.41		2523.43	.233		8327.32		588.50
ACCOMMODATIONS	1.0	6.6		20 222 55		E70 00	222		2012 24		125 10

66

38,232.55

.233

2012.24

135.10

579.28

19

ACCOMMODATIONS

ADMINISTRATIVE DAYS	1	2		411.48		205.74	.007		411.48		1.45
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	64		37,821.07		590.95	.226		2101.17		133.64
ANCILLARIES	20	0		128,313.86		.00	.000		6415.69		453.41
	0	0		•							
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	<u> </u>										
COMM HOSP OUTPATIENT TOTAL	175	785		24,274.51		30.92	2.774		138.71		85.78
MEDICAL	80	118		6,186.98		52.43	.417		77.34		21.86
SURGERY	14	16		1,234.86		77.18	.057		88.20		4.36
PATHOLOGY	86	325		3,478.50		10.70	1.148		40.45		12.29
RADIOLOGY	65	87		6,881.63		79.10	.307		105.87		24.32
ROOM USE	75	96		4,076.84		42.47	.339		54.36		14.41
CROSSOVERS/ALL OTH OUTPTNT	65	143		2,415.70		16.89	.505		37.16		8.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		Ś	.00	Ś	.00
HOSPITAL BASED	0	0	'	.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000	т	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Q Q	47	\$	1,011.23	\$	21.52		\$	112.36	Ś	3.57
PATHOLOGY	9	47	Y	1,011.23	Ÿ	21.52	.166	Y	112.36	Y	3.57
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	113	197	Ś	18,366.35	\$	93.23		\$	162.53	Ś	64.90
CLINIC	2	5	Ų	152.32	Ą	30.46	.018	۲	76.16	ې	.54
SURGICENTER	2	10		385.10		38.51	.035		192.55		1.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	110						.643				
RURAL HEALTH CLINIC		182	IDEC MONE	17,828.93		97.96		DEG	162.08	_	63.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND F	FYLENDILL	KES MONT	H-OF-PAYMENT R.	EPORT	FOR JAN	∠UUZ THKU	DEC	2002	Ρ.	AGE 6,816
MOP024	FEE-FOR-SERVICE/DENTAL	20 107	000		ODE 5	D CD 27					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	K 3∠ MN	- SOC -	FAMILIES AID C	ODE 5	K 6K 3/					

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 283 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 764 \$ @ALL OTHER PROVIDERS 42 14,642.66 \$ 19.17 2.700 \$ 348.63 \$ 51.74 .007 DURABLE MED. EQUIP. 1 2 580.59 290.30 580.59 2.05 .00 .00 0 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 1073.38 1.375 1073.38 1.367 673.38 389 9,660.42 24.83 MEDICAL TRANSPORTATION 34.14 387 15.66 6,060.42 21.41 AMBULANCES/AIR TRANS .00 .00 .000 3,600.00 1800.00 .007 OTHER TRANS 0 .00 .00 1800.00 OTHER SERVICES 12.72 ACUPUNCTURE 64.88 16.22 .014 32.44 .23

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	5	5.00	.004	55.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	4	18	2,867.25	15	9.29	.064	716.81	10.13
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	6	15	169.05	1	1.27	.053	28.18	.60
PHYSICAL THERAPIST	3	24	309.21	1	2.88	.085	103.07	1.09
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	23.05	2	3.05	.004	23.05	.08
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	1	1	23.05	2	3.05	.004	23.05	.08
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	60	761.66	1	2.69	.212	50.78	2.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	1	250	151.55		.61	.883	151.55	.54
@CALIF. CHILDREN SERVICES*	2	37	\$ 24,827.59	\$ 67	1.02	.131	\$ 12413.80	\$ 87.73
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	THLY AVERA	GE
895 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,207	11,977 \$	1,244,702.45	\$ 103.92	13.382 \$	1031.24	\$ 1390.73
@PHYSICIANS SERVICES	335	1,397 \$	63,035.94	\$ 45.12	1.561 \$	188.17	\$ 70.43
OUTPATIENT VISITS	64	80	2,859.17	35.74	.089	44.67	3.19
OFFICE VISITS	60	76	2,623.44	34.52	.085	43.72	2.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	180.61	60.20	.003	60.20	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.001	55.12	.06
INPATIENT VISITS	29	168	7,815.62	46.52	.188	269.50	8.73
HOSPITAL VISITS	29	154	6,508.42	42.26	.172	224.43	7.27
CRITICAL CARE	6	14	1,307.20	93.37	.016	217.87	1.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	421.80	52.73	.009	60.26	.47
EXAMINATIONS	7	8	421.80	52.73	.009	60.26	.47
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	45	351	18,979.04	54.07	.392	421.76	21.21
PRINCIPAL SURGEON	31	52	13,324.45	256.24	.058	429.82	14.89
ASSISTANT SURGEON	5	5	1,085.99	217.20	.006	217.20	1.21
ANESTHESIOLOGIST	20	294	4,568.60	15.54	.328	228.43	5.10
OUTPATIENT SURGERY	39	168	14,333.31	85.32	.188	367.52	16.01
PRINCIPAL SURGEON	28	42	11,981.25	285.27	.047	427.90	13.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	126	2,352.06	18.67	.141	156.80	2.63
DIALYSIS	1	4	144.32	36.08	.004	144.32	.16
PATHOLOGY	24	32	947.07	29.60	.036	39.46	1.06

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	101	217		8,443.76		38.91	.242		83.60		9.43
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	5		151.99		30.40	.006		76.00		.17
OTHER SERVICES/ALL X-OVERS	163	364		8,939.86		24.56	.407		54.85		9.99
@PHARMACY	612	4,591	\$	353,989.40	\$	77.11	5.130	\$	578.41	\$	395.52
PRESCRIPTION DRUGS	595	2,676		350,489.69		130.98	2.990		589.06		391.61
SNF/ICF	57	441		23,340.07		52.93	.493		409.47		26.08
OUTPATIENTS	541	2,235		327,149.62		146.38	2.497		604.71		365.53
MEDICAL SUPPLIES	34	1,915		3,499.71		1.83	2.140		102.93		3.91
@DENTIST	44	174	\$	7,655.00	\$	43.99	.194	\$	173.98	\$	8.55
VISITS - DIAGNOSTIC	26	58		707.00		12.19	.065		27.19		.79
ORAL SURGERY	10	44		2,068.00		47.00	.049		206.80		2.31
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		100.00		50.00	.002		50.00		.11
PERIODONTICS	2	2		200.00		100.00	.002		100.00		.22
ENDODONTICS	3	3		245.00		81.67	.003		81.67		.27
RESTORATIVE DENTISTRY	17	59		4,255.00		72.12	.066		250.29		4.75
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	2	2		50.00		25.00	.002		25.00		.06
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPOR'	FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,818
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES F	or 33 mei	DICALL	Y NEEDY - SOC							
							M	ONTF	HLY AVERA	GE -	

895 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE

@OPTOMETRIST 19 58 \$ 1,281.77 \$ 22.10 .065 \$ 67.46 \$ 1.43
DIAGNOSTIC AND ANC. PROCED 11 11 521.93 47.45 .012 47.45 .58

EYE APPLIANCES	16	45		755.58		16.79	.050		47.22		.84
OTHER OPTOMETRIC SERVICES	1	2		4.26		2.13	.002		4.26		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	4	\$	223.76	\$	55.94	.004	\$	55.94	\$.25
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	1	1		200.30		200.30	.001		200.30		.22
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		23.46		7.82	.003		7.82		.03
@HOME HEALTH AGENCY	7	40	\$	2,848.31	\$	71.21	.045	\$	406.90	\$	3.18
NURSE ANESTHESIST	2	28	\$	40.47	\$	1.45	.031	\$	20.24	\$.05
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	Ō	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00		.00
@TOTAL HOSPITAL	346	1,774	Ś	578,625.98	Ś	326.17	1.982	\$	1672.33		646.51
HOSP INPATIENT TOTAL	61	310	-	533,229.87	-T	1720.10	.346	7	8741.47	т.	595.79
HSC HOSPITALS	5	17		20,647.80		1214.58	.019		4129.56		23.07
NON-HSC HOSPITAL TOTAL	37	199		498,468.23		2504.87	.222		13472.11		556.95
ACCOMMODATIONS	34	199		128,157.45		644.01	.222		3769.34		143.19
ADMINISTRATIVE DAYS	3	27		5,930.58		219.65	.030		1976.86		6.63
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	32	172		122,226.87		710.62	.192		3819.59		136.57
ANCILLARIES	37	0		370,310.78		.00	.000		10008.40		413.76
INPATIENT CROSSOVERS	20	94		14,113.84		150.15	.105		705.69		15.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	308	1,464		45,396.11		31.01	1.636		147.39		50.72
MEDICAL	105	153		7,657.26		50.05	.171		72.93		8.56
SURGERY	22	26		2,422.39		93.17	.029		110.11		2.71
PATHOLOGY	114	455		5,507.25		12.10	.508		48.31		6.15
	85	113				91.60			121.78		11.57
RADIOLOGY	97	129		10,350.99 6,093.76		47.24	.126 .144		62.82		6.81
ROOM USE	160										
CROSSOVERS/ALL OTH OUTPTNT		588	÷	13,364.46	~	22.73	.657	<u>ر</u>	83.53	ċ	14.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000				.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0					.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000				.00
ALL OTHER ACCOM	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES M	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 6,819
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
MENDOCINO COUNTY	SIIMMARY OF SERVICES	EUB 33 MEL	T.T & D.T.	V NEEDY - SOC							

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC ----- MONTHLY AVERAGE -----

		OR DAYS OF CAR	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	1,774	\$	578,625.98	\$	326.17	_		1672.33		646.51
COMM HOSP INPATIENT TOTAL	61	310	·	533,229.87	•	1720.10	.346		8741.47		595.79
HSC HOSPITALS	5	17		20,647.80		1214.58	.019		4129.56		23.07
NON-HSC HOSPITALS TOTAL	37	199		498,468.23		2504.87	.222		13472.11		556.95
ACCOMMODATIONS	34	199		128,157.45		644.01	.222		3769.34		143.19
ADMINISTRATIVE DAYS	3	27		5 , 930.58		219.65	.030		1976.86		6.63
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	32	172		122,226.87		710.62	.192		3819.59		136.57
ANCILLARIES	37	0		370,310.78		.00	.000		10008.40		413.76
INPATIENT CROSSOVERS	20	94		14,113.84		150.15	.105		705.69		15.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	308	1,464		45,396.11		31.01	1.636		147.39		50.72
MEDICAL	105	153		7,657.26		50.05	.171		72.93		8.56
SURGERY	22	26		2,422.39		93.17	.029		110.11		2.71
PATHOLOGY	114	455		5 , 507.25		12.10	.508		48.31		6.15
RADIOLOGY	85	113		10,350.99		91.60	.126		121.78		11.57
ROOM USE	97	129		6,093.76		47.24	.144		62.82		6.81
CROSSOVERS/ALL OTH OUTPINT		588		13,364.46		22.73	.657		83.53		14.93
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	60	1,414	\$	137,021.49	\$	96.90	1.580	\$	2283.69	\$	153.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	11		1,330.23		120.93	.012		1330.23		1.49
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	59	1,403		135,691.26		96.72	1.568		2299.85		151.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6 0	25	\$	3,188.02	\$	127.52		\$	531.34	Ş	3.56
HOSPITAL BASED	0 6	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	25	ć	3,188.02	Ċ	127.52	.028	Ċ	531.34	Ċ	3.56
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	17	71	\$.00	ċ	.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY PATHOLOGY	17	71	Ą	1,481.96 1,481.96	\$	20.87 20.87	.079	Ş	87.17 87.17	Ş	1.66 1.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	313	635	\$	44,893.17	\$	70.70	.709	Ċ	143.43	Ċ	50.16
CLINIC CLINIC	2	5	Ą	152.32	Ą	30.46	.006	۲	76.16	ې	.17
SURGICENTER	Δ Λ	11		383.00		34.82	.012		95.75		.43
HEROIN DETOX CLINIC	0	0		.00		.00	.012		.00		.00
RURAL HEALTH CLINIC	308	619		44,357.85					144.02		49.56
		CES AND EXPENDITU	SES MC							D	AGE 6,820
MOP024	FEE-FOR-SERVICE		. CID FIC	MIII OF TATREMI M	DI OI	I FOR OAN 2	.002 11110	טםכ	. 2002		01/17/03
MENDOCINO COUNTY		/ICES FOR 33 MED	TCAT.T.Y	NEEDY - SOC							01/1//03
IMMBOOTHO COUNTY	COLUMN CL CELL	Tions for 33 Imp.	1011111	. NEEDI DOO			M	ONT	HLY AVERA	GE	
895 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	191	1,766		50,417.18	\$		1.973				56.33
DURABLE MED. EQUIP.	15	50	•	10,877.21	•	217.54	.056		725.15		12.15
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	2	3	616.32	205.44	.003	308.16	.69
MEDICAL TRANSPORTATION	38	921	11,909.74	12.93	1.029	313.41	13.31
AMBULANCES/AIR TRANS	16	366	3,757.43	10.27	.409	234.84	4.20
OTHER TRANS	1	3	25.08	8.36	.003	25.08	.03
OTHER SERVICES	23	552	8,127.23	14.72	.617	353.36	9.08
ACUPUNCTURE	17	38	648.79	17.07	.042	38.16	.72
ADULT DAY HEALTH CARE CTR	7	56	3,327.02	59.41	.063	475.29	3.72
GENETIC DISEASE TESTING	1	1	55.00	55.00	.001	55.00	.06
IHMC, MODEL-NF, NF, AIDS, MSSP	23	123	14,222.27	115.63	.137	618.36	15.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	26	72	923.95	12.83	.080	35.54	1.03
PHYSICAL THERAPIST	4	26	346.16	13.31	.029	86.54	.39
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	21	2,255.39	107.40	.023	751.80	2.52
PROSTHETICS	2	20	2,232.34	111.62	.022	1116.17	2.49
ORTHOTICS	1	1	23.05	23.05	.001	23.05	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	1 , 757.68	219.71	.009	585.89	1.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	60	761.66	12.69	.067	50.78	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	387	2 , 715.99	7.02	.432	60.36	3.03
@CALIF. CHILDREN SERVICES*	5	44	\$ 25 , 158.74	571.79	.049		
@XOVER EXCLUDING STATE HOSP**	247	2,672	\$ 42,991.84	\$ 16.09	2.985	\$ 174.06	\$ 48.04

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,821 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

IMINDOCING COUNTI	DOIMMING OF DEL	CVIOLO IOIC OI III	T110	11000	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						MON	NTHLY AVERA	GE
2,291 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,247	98 , 510	\$	6,551,146.34	\$ 66.50	42.999	\$ 2915.51	\$ 2859.51
@PHYSICIANS SERVICES	203	429	\$	4,431.60	\$ 10.33	.187	\$ 21.83	\$ 1.93
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	U	Ü		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	•	•									
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	203	429		4,431.60		10.33	.187		21.83		1.93
@ PHARMACY	1,909	25 , 314	\$	651 , 804.52	\$	25.75	11.049	\$	341.44	\$	284.51
PRESCRIPTION DRUGS	1,901	11,730		646,129.73		55.08	5.120		339.89		282.03
SNF/ICF	1,838	11,365		628,867.03		55.33	4.961		342.15		274.49
OUTPATIENTS	92	365		17,262.70		47.30	.159		187.64		7.54
MEDICAL SUPPLIES	58	13,584		5,674.79		.42	5.929		97.84		2.48
	59	161	\$	•	\$.070	ċ	107.63	ċ	2.77
@DENTIST			Ą	6,350.00	Ą			Ą		Ą	
VISITS - DIAGNOSTIC	47	68		1,685.00		24.78	.030		35.85		.74
ORAL SURGERY	13	70		3,042.00		43.46	.031		234.00		1.33
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	12		618.00		51.50	.005		309.00		.27
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	8	11		1,005.00		91.36	.005		125.63		.44
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS		-		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MON		EPORT			DEC		Pi	AGE 6,822
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR C/DENTAL		TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC		Pž	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		TH-OF-PAYMENT RE	EPORT		2002 THRU	DEC		Pž	AGE 6,822
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR C/DENTAL		TH-OF-PAYMENT RE		FOR JAN 2	2002 THRU DDE M	IONT	2002 HLY AVERA		AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR C/DENTAL	- LTNG	TH-OF-PAYMENT RE		FOR JAN 2	2002 THRU DDE M	IONT	2002 HLY AVERA	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR C/DENTAL VICES FOR 34 MN -	- LTNG	TH-OF-PAYMENT RE	AVE	FOR JAN 2	2002 THRU DDE M UNITS/DAY	IONT 'S	2002 HLY AVERA	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE OF AND EXPENDITURE OF SERVICE OF SER	- LTNG	TH-OF-PAYMENT RE - AGED EXPENDITURES	AVE	FOR JAN 2 AID CO	2002 THRU DDE M UNITS/DAY	IONT S	2002 HLY AVERA COST PER USER	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURED TO THE SECONDARY SERVICE OR DAYS OF CARE	- LTNG	TH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16	AVE PER	AID CORAGE COST UNIT/DAY 21.73	DDE M UNITS/DAY PER ELIG .031	IONT S	2002 HLY AVERA COST PER USER 53.21	GE ·	AGE 6,822 01/17/03 COST PER ELIGIBLE .67
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5	ES AND EXPENDITURES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 71 5	- LTNG	TH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.73 45.09	DDE M UNITS/DAY PER ELIG .031 .002	IONT S	2002 HLY AVERA COST PER USER 53.21 45.09	GE ·	AGE 6,822 01/17/03 COST PER ELIGIBLE .67 .10
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23	ES AND EXPENDITURE OF AND EXPENDITURE OF SERVICE OR DAYS OF CARE TO THE TENT OF THE TENT O	- LTNG	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87	AVE PER	AID CORAGE COST UNIT/DAY 21.73 45.09 19.30	DDE M UNITS/DAY PER ELIG .031 .002 .026	IONT S	2002 HLY AVERA COST PER USER 53.21 45.09 50.34	GE ·	AGE 6,822 01/17/03 COST PER ELIGIBLE .67 .10 .51
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5	ES AND EXPENDITURE OF LOS CONTROLS OF LOS CONT	- LTNG E \$	EXPENDITURES 1,543.16 225.47 1,157.87 159.82	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96	GE · () \$	AGE 6,822 01/17/03 COST PER ELIGIBLE .67 .10 .51 .07
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23	ES AND EXPENDITURE OF LOS CONTROL OF	- LTNG	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00	AVE PER	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00	GE · () \$	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0	ES AND EXPENDITURE OF LOS FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 71 5 60 6 0 0	- LTNG E \$	EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00	GE · () \$	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0	ES AND EXPENDITURE OF LOCATE OR DAYS OF CARE TO COMPANY OF CARE TO COM	- LTNG	EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120	ES AND EXPENDITURE OF LOCATE OR DAYS OF CARE	- LTNG E \$	EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 1,182.68	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 .00 6.96	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0	ES AND EXPENDITURE OF LOCATE OR DAYS OF CARE	- LTNG	EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 1,182.68 00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 .00 6.96 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 0	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE OF C	- LTNG	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 .1,182.68 .00 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 9.86 .00 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0	ES AND EXPENDITURE OF LOCATE OR DAYS OF CARE	- LTNG	EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 1,182.68 00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 .00 6.96 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 0	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE OF C	- LTNG	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 .1,182.68 .00 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000	IONT S ; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 9.86 .00 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 0 0 0	ES AND EXPENDITURE OF LOCATION OF SERVICE OR DAYS OF CARE TO COMMENT OF CARE TO CAR	- LTNG	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 .1,182.68 .00 .00 .00 .00 .00	AVE PER \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 .00 6.96 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000 .074 .000 .000	IONT S ; \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00 .00 .00 .00	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 0 120	ES AND EXPENDITURE OF LAND CONTROL OF SERVICE OR DAYS OF CARE TO CONTROL OF CARE TO CONTROL OF CARE CONTROL OF	LTNG S S S	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 1,182.68 00 00 1,182.68	AVE PER \$ \$	RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .074 .000 .000	IONT S ; \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00 .00 9.86	GE ·	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1	ES AND EXPENDITURE OF LAND CONTROL OF SERVICE OR DAYS OF CARE TO THE CONTROL OF CARE TO THE CARE	LTNG S S S S S S S S S S S S S	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 1,182.68 00 1,182.68 3.47 56.49	AVE PER \$ \$ \$	RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000 .000 .000 .000 .00	IONTS;; \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49	GE ()	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1 1 1	ES AND EXPENDITURE OF LOCATION OF CARE OR DAYS OF CARE 71 5 60 6 0 0 170 0 170 3 10 0	LTNG S S S	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 00 00 00 1,182.68 000 00 1,182.68 3.47 56.49 00	AVE PER \$ \$ \$	RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000 .000 .000 .000 .00	ONT S; \$ \$ \$ \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49 .00	GE S S S S S S S S S S S S S S S S S S S	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1 1 1 0 0 0	EES AND EXPENDITURE OF LOCATE OR DAYS OF CARE	LTNG S S S S S S S S S S S S S	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 1,182.68 .00 .00 1,182.68 3.47 56.49 .00 .00	AVE PER \$ \$ \$ \$	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .000 .074 .000 .000 .074 .001	ONT S ; \$ \$ \$ \$ \$ \$ \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49 .00 .00	GE S S S S S S S S S S S S S S S S S S S	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1 1 1 0 0 0 0 0 0 0	EES AND EXPENDITURE OF LOCATION OF CARE OR DAYS OF CARE 71 5 60 6 0 0 170 0 170 3 10 0 0 0	LTNG E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 1,182.68 .00 .00 1,182.68 3.47 56.49 .00 .00 .00 .00	AVER PES S S S SSSSS	RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .074 .000 .000 .074 .001 .001	ONT SS; \$ \$ \$ \$ \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49 .00 .00 .00 .00	E	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1 1 1 0 0 0 120 1	EES AND EXPENDITURE OF LOCATE OR DAYS OF CARE	LTNG S S S S S S S S S S S S S	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 1,182.68 .00 .00 1,182.68 3.47 56.49 .00 .00 40,108.55	AVER PES S S S SSSSS	AID CO RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65 .00 .00 .00 100.02	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .074 .000 .000 .074 .001 .001 .004 .000 .000	ONT SS; \$ \$ \$ \$ \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	AGE 6,822 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MENDOCINO COUNTY 2,291 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 29 5 23 5 0 0 0 120 0 120 1 1 1 0 0 0 0 0 0 0	EES AND EXPENDITURE OF LOCATION OF CARE OR DAYS OF CARE 71 5 60 6 0 0 170 0 170 3 10 0 0 0	LTNG E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TTH-OF-PAYMENT RE - AGED EXPENDITURES 1,543.16 225.47 1,157.87 159.82 .00 .00 .00 1,182.68 .00 .00 1,182.68 3.47 56.49 .00 .00 .00 .00	AVER PES S S S SSSSS	RAGE COST UNIT/DAY 21.73 45.09 19.30 26.64 .00 .00 6.96 .00 .00 6.96 1.16 5.65 .00 .00	DDE M UNITS/DAY PER ELIG .031 .002 .026 .003 .000 .000 .074 .000 .000 .074 .001 .001	ONT SS; \$ \$ \$ \$ \$ \$	2002 HLY AVERA COST PER USER 53.21 45.09 50.34 31.96 .00 .00 .00 .00 9.86 .00 .00 9.86 3.47 56.49 .00 .00 .00 .00	E	AGE 6,822 01/17/03

OUTPATIENT SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	213	36,596.59	171.81	.093	1180.54	15.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	188	3,511.96	18.68	.082	41.32	1.53
MEDICAL	1	3	303.28	101.09	.001	303.28	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	96.00	12.00	.003	19.20	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	81	177	3,112.68	17.59	.077	38.43	1.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,823

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

MENDOCINO COUNTY	SUMMARY OF SERVIC	ES FOR 34 MIN - 1	LING .	- AGED		AID C				~-	
0.001 51 53 51 53	110770								HLY AVERA		
2,291 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE		40 100 55			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108		\$	40,108.55		100.02	.175	Ş		\$	17.51
COMM HOSP INPATIENT TOTAL	31	213		36,596.59		171.81	.093		1180.54		15.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	31	213		36,596.59		171.81	.093		1180.54		15.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	85	188		3,511.96		18.68	.082		41.32		1.53
MEDICAL	1	3		303.28		101.09	.001		303.28		.13
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	8		96.00		12.00	.003		19.20		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	81	177		3,112.68		17.59	.077		38.43		1.36
@STATE HOSPITAL	0		\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,033	63 , 828	\$	5,738,257.51	L \$	89.90	27.860	\$	2822.56	\$	2504.70
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	62	1 , 898		174,453.97	7	91.91	.828		2813.77		76.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	1,971	61 , 930		5,563,803.54	1	89.84	27.032		2822.83		2428.55
@INTERMEDIATE CARE FACILDD	12	365	\$	47,221.21	L \$	129.37	.159	\$	3935.10	\$	20.61
ICF DDH	12	365		47,221.21	L	129.37	.159		3935.10		20.61
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	_	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	•	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 :	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	522	820	\$	34,758.55	5 \$	42.39	.358	\$	66.59	\$	15.17
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	2	5		447.81	L	89.56	.002		223.91		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	520	815		34,310.74		42.10	.356		65.98		14.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MON'	•				DEC		P	AGE 6,824
MOP024	FEE-FOR-SERVICE/D						-	_			01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	ES FOR 34 MN - 1	LTNG ·	- AGED		AID C	ODE				
				-		0					

						MC	NTHLY AVERA	.GE			
2,291 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER		
,		OR DAYS OF CAR	Ξ.		PER UNIT/DAY	PER ELIG	USER	E?	LIGIBLE		
@ALL OTHER PROVIDERS	241	6,938	\$	25,428.60	\$ 3.67	3.028	\$ 105.51	\$	11.10		
DURABLE MED. EQUIP.	17	113		6,750.20	59.74	.049	397.07		2.95		
BLOOD BANK	0	0		.00	.00	.000	.00		.00		
HEARING AID DISPENSERS	12	15		3,278.14	218.54	.007	273.18		1.43		
MEDICAL TRANSPORTATION	114	1,066		8,163.63	7.66	.465	71.61		3.56		
AMBULANCES/AIR TRANS	2	6		228.52	38.09	.003	114.26		.10		
OTHER TRANS	36	425		1,418.09	3.34	.186	39.39		.62		
OTHER SERVICES	82	635		6,517.02	10.26	.277	79.48		2.84		
ACUPUNCTURE	3	6		108.13	18.02	.003	36.04		.05		
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00		
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00		
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00		
OPTICIAN	28	64		946.77	14.79	.028	33.81		.41		
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00		
PORTABLE X-RAY	4	6		7.19	1.20	.003	1.80		.00		
PROSTHETIST/ORTHOTISTS	2	3		11.11	3.70	.001	5.56		.00		
PROSTHETICS	2	3		11.11	3.70	.001	5.56		.00		
ORTHOTICS	0	0		.00	.00	.000	.00		.00		
PSYCHOLOGIST	19	21		145.55	6.93	.009	7.66		.06		
SPEECH AND AUDIOLOGY	20	33		3,745.40	113.50	.014	187.27		1.63		
HOSPICE SERVICES	0	0		44.04	.00	.000	.00		.02		
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00		
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00		
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00		
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00		
ALL OTHER PROVIDERS	38	5,611		2,228.44	.40	2.449	58.64		.97		
@CALIF. CHILDREN SERVICES*	1	1	\$	74.13	\$ 74.13	.000	\$ 74.13	\$.03		
@XOVER EXCLUDING STATE HOSP**	665	18,809	\$	110,652.78	\$ 5.88	8.210	\$ 166.40	\$	48.30		
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPA	RATE INFORMATION :	ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INCLU	THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.										

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,825 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MON	ITHLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	25	2,172	\$ 76,248.43	\$ 35.11	90.500	3049.94	\$	3177.02
@PHYSICIANS SERVICES	4	4	\$ 42.92	\$ 10.73	.167	10.73	\$	1.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0							
ANESTHESIOLOGIST	U	•		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
	0	0							
IMMUNIZATION AND INJECTION	U			.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	4		42.92	10.73	.167	10.73		1.79
@PHARMACY	15	92	\$	5,660.02	\$ 61.52		\$ 377.33	\$	235.83
PRESCRIPTION DRUGS	15	87		5,443.54	62.57	3.625	362.90		226.81
SNF/ICF	14	80		5,145.74	64.32	3.333	367.55		214.41
OUTPATIENTS	1	7		297.80	42.54	.292	297.80		12.41
MEDICAL SUPPLIES	2.	5		216.48	43.30	.208	108.24		9.02
@DENTIST	0	0	\$.00	\$.00	.000		Ś	.00
VISITS - DIAGNOSTIC	0	0	Ψ	.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
	0	0							
DRUGS	U	_		.00	.00	.000	.00		.00
ANESTHESIA	Ü	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
•	0	0		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0				.000			
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	P	AGE 6,826
MOP024	FEE-FOR-SERVICE								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 35 MN -	LTNG	- BLIND	AID	CODE			
						MO	NTHLY AVERA	.GE	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	'	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00				ċ	
@CHIROPRACTOR	0	U	\$.00	\$.00	.000	\$.00	Þ	.00

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VISITS

OTHER

@PODIATRIST

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

PEDITATEIC MUSSE PRACTITIORER	NURSE MIDWIFE	0	0	Ś	.0	n s	.00	.000	\$.00	\$.00
FAMILY NORSE PRACTITIONER		0	0	Ś		-					
BOSP INFATIENT TOTAL		0	0	Ś					•		
HOSE INPATIENT TOTAL		1	4	Š							
HSC HOSPITALS		0	0	Ψ							
NON-HSC HOSPITAL TOTAL		0	0								
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
ADMINISTRATIVE DAYS TRANSITIONAL ID CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 00 00 00 00 00 00 00 00 00 00 100		0	0								
ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
INPATIENT CROSSOVERS O		0	0								
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
HOSP OUTPATIENT TOTAL		0	0								
MEDICAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	4								
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE OO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
RADICLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
CROSSOVERS/ALL OTH OUTPINT 1		0	0								
COUNTY HOSPITAL TOTAL		1	4								
CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0	Ś							
HSC HOSPITALS 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0	0	Y					•		
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0								
INPATIENT CROSSOVERS		0	0								
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0								
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
MEDICAL 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0								
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0								
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0								
ROOM USE 0 0 .00		0	0								
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,827 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE		0	0								
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE		MEDI-CAL SERVICES AND EX	Ü	RES MO							
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE				110							
			35 MN	- LTNG	- BLIND		AID C	ODE			, , 50
									ONTHLY AVER	AGE -	

MONTHLY AVERAGE 24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 48.21 \$ 12.05 .167 \$ 48.21 \$ 2.01 4 \$ COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 0 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

MEDICAL 0 0 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00	.00 .00 .00 .00 .00
	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
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RADIOLOGY 0 0 .00 .00 .00 .00	
ROOM USE 0 0 .00 .00 .00 .00	2.01
CROSSOVERS/ALL OTH OUTPINT 1 4 48.21 12.05 .167 48.21	
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 24 732 \$ 68,670.72 \$ 93.81 30.500 \$ 2861.28 \$ 2	2861.28
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00
LEV B-REGULAR 24 732 68,670.72 93.81 30.500 2861.28	2861.28
@INTERMEDIATE CARE FACILDD	.00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 11 11 \$ 225.15 \$ 20.47 .458 \$ 20.47 \$	9.38
CLINIC 0 0 .00 .00 .00 .00	.00

01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

FEE-FOR-SERVICE/DENTAL

MENDOCINO COONII	SOUTHWILL OF SELV	VICES FOR 33 MM	птис	מאדוום	AID C	ظالال		
						MON	ITHLY AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	1,326	\$	1,560.32	\$ 1.18	55.250 \$	141.85	\$ 65.01
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	11		218.04	19.82	.458	72.68	9.09
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	11		218.04	19.82	.458	72.68	9.09
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	10		158.38	15.84	.417	52.79	6.60
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,305		1,183.90	.91	54.375	131.54	49.33
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	27	\$	384.73	\$ 14.25	1.125 \$	42.75	\$ 16.03
A+ MOMAIC IN MURCE IINEC ADE	CITIENT AC A CEDA	DAME TATEODMAMION T	THE NA ONE	T 37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,829 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MON	THLY AVERA	GE
398 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	407	36,147	\$	1,649,600.24	\$ 45.64	90.822 \$	4053.07	\$ 4144.72
@PHYSICIANS SERVICES	63	117	\$	2,952.46	\$ 25.23	.294 \$	46.86	\$ 7.42
OUTPATIENT VISITS	3	3		85.50	28.50	.008	28.50	.21
OFFICE VISITS	3	3		85.50	28.50	.008	28.50	.21
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	. (.000		.00		. (00
INPATIENT VISITS	10	21		657.01	31.2			65.70		1.6	
HOSPITAL VISITS	1	5		231.30	46.2			231.30			58
CRITICAL CARE	0	0		.00		.000		.00			00
SNF/ICF/TRANS IP CARE	9	16		425.71	26.6			47.30		1.0	
OPHTHALMOLOGICAL SERVICES	7	7		315.79	45.1			45.11			79
EXAMINATIONS	, 7	7		315.79	45.2			45.11			79
SERVICES AND MATERIALS	0	ń		.00	. (.00			00
INPATIENT HOSPITAL SURGERY	1	6		314.63	52.4			314.63			79
PRINCIPAL SURGEON	1	1		168.65	168.6			168.65			42
ASSISTANT SURGEON	0	0		.00		000 .000		.00			00
ANESTHESIOLOGIST	1	5		145.98	29.2			145.98			37
OUTPATIENT SURGERY	3	18		575.74	31.9			191.91		1.4	
PRINCIPAL SURGEON	1	1		210.91	210.9			210.91			53
ASSISTANT SURGEON	0	0		.00		.000		.00			00
ANESTHESIOLOGIST	2	17		364.83	21.4			182.42			92
DIALYSIS	2	0		.00	.(.00			00
PATHOLOGY	0	0		.00		.000		.00			00
RADIOLOGY	1	2		19.47	9.			19.47			05
PSYCHIATRY	0	0		.00	. (.00			00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00			00
OTHER SERVICES/ALL X-OVERS	42	60		984.32	16.4			23.44		2.4	
@PHARMACY	359	1,985	\$	169,520.49	\$ 85.4			472.20	ċ	425.9	
PRESCRIPTION DRUGS	359	1,970	Ą	168,992.29	85.			472.20	Ą	424.6	
	139	1,228		100,992.29	83. ⁷			739.80		258.3	
SNF/ICF OUTPATIENTS	221	742		66,160.78	89.1			299.37		166.2	
	8	15		528.20	35.2			66.03		1.3	
MEDICAL SUPPLIES @DENTIST	9	77	\$	2,447.52	\$ 31.			271.95	ċ	6.1	
VISITS - DIAGNOSTIC	9	40	Ą	864.52	21.6		ې	96.06	Ą	2.1	
	9	15									
ORAL SURGERY	4	12		452.00	30.3			113.00		1.1	
DRUGS	0	0		.00		.000					00
ANESTHESIA	0	4		.00		.000		.00			00
PERIODONTICS	0	4		600.00	150.0			150.00		1.5	
ENDODONTICS	U	18		.00		.000		106.20			00
RESTORATIVE DENTISTRY	5	18		531.00	29.5					1.3	
PROSTHETICS	0	0		.00	. (.00			00
DENTURES, STAYPLATES	0	0		.00		.000		.00			00
SPACE MAINTAINERS	0	0		.00		.000		.00			00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00			00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00			00
ORTHODONTIC SERVICES	•	•		.00		.000		.00			00
ALL OTHER SERVICES	0	0		.00		.000		.00	ъ.		00
#CALIF DEPT OF HEALTH SERV			UKES .	MONTH-OF-PAYMENT R	EPOKT FOR (IAN ZUUZ THRU	DEC	2002	P.F		,830
MOPO24	FEE-FOR-SERVICE/D		т	NG DIGABLED	3.	.D. GODE				01/17	1/03
MENDOCINO COUNTY	SUMMARY OF SERVIC	ES FOR 36 MN	- LT	NG - DISABLED	A.	ID CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· CE		
200 BLICIBLES	HCEDC	NIMO OF CERTIF	CE.	EVDENDIMUDEO	ATTEDACE (HLY AVERA			
398 ELIGIBLES	USERS U	NITS OF SERVI	CE	EXPENDITURES	AVERAGE (COST UNITS/DA	15	COST PER	(COST PE	5K

PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 42.14 \$ 7.02 .015 \$ 14.05 \$.11 6 \$ @OPTOMETRIST 3 1CR 7 0 0 \$ 0 0 DIAGNOSTIC AND ANC. PROCED .19CR EYE APPLIANCES 3 .29 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR .00 0 VISITS .00 OTHER SERVICES 0 .00 14 \$ @PODIATRIST .10

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	14	41.03	2.93	.035	5.86	.10
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	45	123 \$	6 , 900.70	\$ 56.10	.309 \$	153.35	
HOSP INPATIENT TOTAL	3	4	3,802.22	950.56	.010	1267.41	9.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2 , 178.22	2178.22	.003	2178.22	5.47
ACCOMMODATIONS	1	1	391.50	391.50	.003	391.50	.98
	1	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	391.50	391.50	.003	391.50	.98
ANCILLARIES	1	0	1,786.72	.00	.000	1786.72	4.49
INPATIENT CROSSOVERS	2	3	1,624.00	541.33	.008	812.00	4.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	119	3,098.48	26.04	.299	70.42	7.79
MEDICAL	1	1	54.27	54.27	.003	54.27	.14
SURGERY	4	4	227.61	56.90	.010	56.90	.57
PATHOLOGY	19	53	687.47	12.97	.133	36.18	1.73
RADIOLOGY	1	1	211.58	211.58	.003	211.58	.53
ROOM USE	3	14	869.12	62.08	.035	289.71	2.18
CROSSOVERS/ALL OTH OUTPTNT	23	46	1,048.43	22.79	.116	45.58	2.63
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 6,831
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	AID CC	DDE		
					MONT	THLY AVERA	GE
398 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	123 \$	6,900.70	\$ 56.10	.309 \$	153.35	\$ 17.34
COMM HOSP INPATIENT TOTAL	3	4	3,802.22	950.56	.010	1267.41	9.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	2,178.22	2178.22	.003	2178.22	5.47
ACCOMMODATIONS	1	1	391.50	391.50	.003	391.50	.98

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		391.50		391.50	.003		391.50		.98
ANCILLARIES	1	0		1,786.72		.00	.000		1786.72		4.49
INPATIENT CROSSOVERS	2	3		1,624.00		541.33	.008		812.00		4.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	44	119		3,098.48		26.04	.299		70.42		7.79
MEDICAL	1	1		54.27		54.27	.003		54.27		.14
SURGERY	4	4		227.61		56.90	.010		56.90		.57
PATHOLOGY	19	53		687.47		12.97	.133		36.18		1.73
RADIOLOGY	1	1		211.58		211.58	.003		211.58		.53
ROOM USE	3	14		869.12		62.08	.035		289.71		2.18
CROSSOVERS/ALL OTH OUTPTNT	23	46		1,048.43		22.79	.116		45.58		2.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	124	3,804	\$	401,207.56	Ś	105.47	9.558	Ś	3235.54	Ś	1008.06
LEV A-INTERMEDIATE	0	0	-T	.00	-T	.00	.000	т.	.00	7	.00
LEV B-REHAB MD	12	365		38,633.45		105.85	.917		3219.45		97.07
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	48		26,541.30		552.94	.121		8847.10		66.69
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	109	3,391		336,032.81		99.10	8.520		3082.87		844.30
@INTERMEDIATE CARE FACILDD	244	7,433	\$	1,007,017.98	\$	135.48	18.676	¢		\$	
ICF DDH	196	5 , 982	Y	778,882.94	Y	130.20	15.030	٧	3973.89	Y	1956.99
ICF DD	190	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	48	1,451		228,135.04		157.23	3.646		4752.81		573.20
@HEMODIALYSIS TOTAL	0	1,451	\$.00	\$.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	ċ	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	48.20	\$	48.20	.003	\$	48.20	ċ	.12
PATHOLOGY	1	1 1	Ą	48.20	Ą	48.20	.003	Ą	48.20	Ą	.12
XO AND OTHERS		0		.00		.00	.003		.00		.00
@ORGANIZED OUTPATIENT CLINIC	160	250	\$	12,654.15	\$	50.62	.628	Ś		Ś	31.79
	100	230	Ą	•	Ą	.00	.000	ې	.00	Ą	.00
CLINIC	0	0		.00					.00		
SURGICENTER	· ·	0				.00	.000				.00
HEROIN DETOX CLINIC	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	160	250	D=0 14	12,654.15		50.62	.628	550	79.09	_	31.79
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	PAGE 6,832
MOP024	FEE-FOR-SERVICE		T	C		3.75					01/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 36 MN	 T.I.N 	G - DISABLED		AID C		0.TT		C E	
200 51 10151 50			_				M			-	
398 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
0.1.1. 0.00.000	110	OR DAYS OF CAR		46 760 01		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	112	22,337	\$	46,768.01	\$		56.123	Ş	417.57	Ş	117.51
DURABLE MED. EQUIP.	10	64		21,905.35		342.27	.161		2190.54		55.04

0

0

967

5

898

64

0

0

13

2

6

5

BLOOD BANK

ACUPUNCTURE

OTHER TRANS

OTHER SERVICES

HEARING AID DISPENSERS

MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS

.00

2,945.04

2,164.75

272.23

508.06

.00

.00

.00

.00

3.05

2.41

7.94

.00

54.45

.000

.000

2.430

.013

2.256

.161

.000

.00

226.54

136.12

360.79

101.61

.00

.00

.00

.00

7.40

.68

5.44

1.28

.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	9	22	277.87	12.63	.055		30.87	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	11	20	1,230.51	61.53	.050		111.86	3.09
HOSPICE SERVICES	3	58	6,239.24	107.57	.146	2	079.75	15.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	86	21,206	14,170.00	.67	53.281		164.77	35.60
@CALIF. CHILDREN SERVICES*	1	1	\$ 2,178.22	\$ 2178.22	.003	\$ 2	178.22	\$ 5.47
@XOVER EXCLUDING STATE HOSP**	87	212	\$ 9,771.93	\$ 46.09	.533	\$	112.32	\$ 24.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 6,833
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	Ś	- 0.0	Ś	. 00	. 000	\$.00	Ś	. 00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
	0	0			.00		.00		
SERVICES AND MATERIALS	0	0		.00		.000			.00
INPATIENT HOSPITAL SURGERY	0	•		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	· ·	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	U		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	U		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	U		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	Ō	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES						PAG	GE 6,834
MOP024	FEE-FOR-SERVICE/		, 1101(111 01 11111111111111111111111111		20112 2011 01111 20	, 02 211110 2			01/17/03
MENDOCINO COUNTY		CES FOR 37 MN - L	TNG - FAMILIES		DISCONTI	N			01/1//00
							NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	RES	AVERAGE COST U				OST PER
00 211010	30110	OR DAYS OF CARE	2.11 2.10 1 1 0		PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	0	OR DATS OF CARE		.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	т	.00
DIAGNOSTIC AND ANC. FROCED	O	O		• • •	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	·	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0							.00		.00
		0		.00		.00	.000				
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	-	-		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2	2002	PAGE	6,835
MOP024	FEE-FOR-SERVICE/DENTAL										/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR 37 MN -	LTNG - F	'AMILIES		DISCON	JTIN				
								#ONITIES	TV 717ED7	~ II.	

		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	El	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.0	0	.00	.000		.00		.00
HSC HOSPITALS	0	0		.0	0	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.0	0	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.0	0	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.0	0	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.0		.00	.000		.00		.00
ANCILLARIES	0	0		.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.0		.00	.000		.00		.00
MEDICAL	0	0		.0		.00	.000		.00		.00
SURGERY	0	0		.0		.00	.000		.00		.00
PATHOLOGY	0	0		.0		.00	.000		.00		.00
RADIOLOGY	0	0		.0		.00	.000		.00		.00
ROOM USE	0	0		.0		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.0		.00	.000		.00		.00
	0	0	\$.0				ċ	.00	\$.00
@STATE HOSPITAL	0		P			.00	.000	\$		Þ	
MENTALLY ILL	0	0		.0		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	Ċ	.0		.00	.000	ċ	.00	Ċ	.00
@NURSING FACILITY	0	0	\$.0		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	U	0		.0		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.0		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.0		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
LEV B-REGULAR	0	0		.0		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.0		.00	.000	\$.00	\$.00
ICF DDH	0	0		.0		.00	.000		.00		.00
ICF DD	0	0		.0	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.0	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.0	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.0	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.0	0	.00	.000		.00		.00
XO AND OTHERS	0	0		.0	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.0	0	.00	.000		.00		.00
SURGICENTER	0	0		.0	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT	REPOR	T FOR JAN 2	002 THRU	DEC	2002	PAG	GE 6,836
MOP024	FEE-FOR-SERVICE/										01/17/03
	SUMMARY OF SERVI		LTNG	- FAMILIES		DISCONT	'IN				
							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE	s av						OST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.0		.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0	•	.0		.00	.000		.00		.00
BLOOD BANK	0	0		.0		.00	.000		.00		.00
	S .	•		• 0	-	• • • •	• 0 0 0		• • • •		• • •

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

							. ~-	
					MC	ONTHLY AVERA	4GE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
2,679	136,829 \$		8,276,995.01	\$ 60.49	50.435	\$ 3089.58	\$	3050.86
270	550 \$		7,426.98	\$ 13.50	.203	\$ 27.51	\$	2.74
3	3		85.50	28.50	.001	28.50		.03
3	3		85.50	28.50	.001	28.50		.03
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
10	21		657.01	31.29	.008	65.70		.24
1	5		231.30	46.26	.002	231.30		.09
0	0		.00	.00	.000	.00		.00
9	16		425.71	26.61	.006	47.30		.16
7	7		315.79	45.11	.003	45.11		.12
7	7		315.79	45.11	.003	45.11		.12
0	0		.00	.00	.000	.00		.00
1	6		314.63	52.44	.002	314.63		.12
1	1		168.65	168.65	.000	168.65		.06
0	0		.00	.00	.000	.00		.00
1	5		145.98	29.20	.002	145.98		.05
	2 , 679	OR DAYS OF CARE 2,679	OR DAYS OF CARE 2,679	OR DAYS OF CARE 2,679 136,829 \$ 8,276,995.01 270 550 \$ 7,426.98 3 85.50 3 85.50 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 10 21 657.01 1 5 231.30 0 0 .00 9 16 425.71 7 7 315.79 7 7 315.79 0 0 0 .00 1 6 314.63 1 1 68.65 0 0 .00	OR DAYS OF CARE 2,679 136,829 550 550 7,426.98 8.5.50 28.50 3 85.50 28.50 3 85.50 0 0 0 .00 0 .00 0 .00 0 .00 10 21 657.01 31.29 1 5 231.30 46.26 0 0 0 .00 9 16 425.71 26.61 7 7 315.79 45.11 7 7 315.79 45.11 0 0 0 .00 1 6 314.63 52.44 1 1 1 168.65 168.65 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS 2,679 136,829 \$ 8,276,995.01 \$ 60.49 50.435 270 550 \$ 7,426.98 \$ 13.50 .203 3 3 85.50 28.50 .001 0 0 .00 .00 .00 .001 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG COST PER PER UNIT/DAY COST PER PER UNIT/DAY COST PER PER UNIT/DAY PER ELIG USER 2,679 136,829 \$ 8,276,995.01 \$ 60.49 50.435 \$ 3089.58 270 550 \$ 7,426.98 \$ 13.50 .203 \$ 27.51 3 3 85.50 28.50 .001 28.50 0 0 .00 .00 .001 28.50 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 2,679 136,829 \$ 8,276,995.01 \$ 60.49 50.435 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 27.51 \$ 28.50 .001 28.50 .001 28.50 .001 28.50 .001 28.50 .001</td>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 2,679 136,829 \$ 8,276,995.01 \$ 60.49 50.435 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 3089.58 \$ 27.51 \$ 3089.58 \$ 27.51 \$ 28.50 .001 28.50 .001 28.50 .001 28.50 .001 28.50 .001

OUTPATIENT SURGERY	3	18		575.74	l	31.99	.007		191.91		.21
PRINCIPAL SURGEON	1	1		210.91	_	210.91	.000		210.91		.08
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	2	17		364.83	3	21.46	.006		182.42		.13
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	1	2		19.47	7	9.74	.001		19.47		.01
PSYCHIATRY	0	0		.00)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00)	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	249	493		5,458.84	ļ	11.07	.182		21.92		2.01
@PHARMACY	2,283	27,391	\$	826,985.03	\$	30.19	10.096	\$	362.24	\$	304.82
PRESCRIPTION DRUGS	2,275	13,787		820,565.56	5	59.52	5.082		360.69		302.46
SNF/ICF	1,991	12,673		736,844.28	}	58.14	4.671		370.09		271.60
OUTPATIENTS	314	1,114		83,721.28	}	75.15	.411		266.63		30.86
MEDICAL SUPPLIES	68	13,604		6,419.47	7	.47	5.014		94.40		2.37
@DENTIST	68	238 \$	\$	8,797.52	\$	36.96	.088	\$	129.38	\$	3.24
VISITS - DIAGNOSTIC	56	108		2,549.52	2	23.61	.040		45.53		.94
ORAL SURGERY	17	85		3,494.00)	41.11	.031		205.53		1.29
DRUGS	0	0		.00)	.00	.000		.00		.00
ANESTHESIA	0	0		.00)	.00	.000		.00		.00
PERIODONTICS	5	4		600.00)	150.00	.001		120.00		.22
ENDODONTICS	0	0		.00)	.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	30		1,149.00)	38.30	.011		164.14		.42
PROSTHETICS	0	0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	8	11		1,005.00)	91.36	.004		125.63		.37
SPACE MAINTAINERS	0	0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 6,838
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 38 M	EDIC	ALLY	NEEDY - LTNG			M	^NI⊞	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CE.	
2,713 ELIGIBLES	USERS	UNITS OF SERVI	TCE		EXPENDITURES	7. 7. 7	ERAGE COST	MO			GĽ	COST PER
Z,/IJ ELIGIBLES	OSERS	OR DAYS OF CA			EXPENDITORES		R UNIT/DAY		3	USER		ELIGIBLE
@OPTOMETRIST	32	77		\$	1,585.30	\$	20.59	.028	Ċ	49.54		.58
DIAGNOSTIC AND ANC. PROCED	5	4		7	150.36	۲	37.59	.001	۲	30.07	ې	.06
EYE APPLIANCES	26	67			1,275.12		19.03	.025		49.04		.47
OTHER OPTOMETRIC SERVICES	5	6			159.82		26.64	.023		31.96		.06
	0	0		\$.00	\$.00	.002	ċ	.00	\$.00
@CHIROPRACTOR VISITS	0	0		7	.00	Ş	.00	.000	Ą	.00	Ş	.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
	130	187		\$	1,264.80	\$	6.76	.069	ċ	9.73	ċ	.47
@PODIATRIST MEDICINE/INJECTIONS	130	107		7	.00	Ş	.00	.000	Ą	.00	Ş	.00
	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	130											
OTHER		187	,	<u> </u>	1,264.80	÷	6.76	.069	ċ	9.73	ċ	.47
@HOME HEALTH AGENCY	1 1	3 10		⊋	3.47	\$ \$	1.16	.001	۶ \$	3.47 56.49		.00
NURSE ANESTHESIST	0	10		\$	56.49		5.65				\$.02
NURSE MIDWIFE	ŭ	0		\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0			\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	154	0 528		⊋ \$.00	\$ \$.00 89.12	.000	\$.00	\$.00
@TOTAL HOSPITAL				7	47,057.46	Ş		.195	Ą	305.57	\$	17.35
HOSP INPATIENT TOTAL	34	217			40,398.81		186.17	.080		1188.20		14.89
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1			2,178.22		2178.22	.000		2178.22		.80
ACCOMMODATIONS	1	1			391.50		391.50	.000		391.50		.14
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1			391.50		391.50	.000		391.50		.14
ANCILLARIES	1	0			1,786.72		.00	.000		1786.72		.66
INPATIENT CROSSOVERS	33	216			38,220.59		176.95	.080		1158.20		14.09
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	130	311			6,658.65		21.41	.115		51.22		2.45
MEDICAL	2	4			357.55		89.39	.001		178.78		.13
SURGERY	4	4			227.61		56.90	.001		56.90		.08
PATHOLOGY	24	61			783.47		12.84	.022		32.64		.29
RADIOLOGY	1	1			211.58		211.58	.000		211.58		.08
ROOM USE	3	14			869.12		62.08	.005		289.71		.32
CROSSOVERS/ALL OTH OUTPINT		227			4,209.32		18.54	.084		40.09		1.55
@COUNTY HOSPITAL TOTAL	0	0		\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	•			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 38 MEDIC	АЬЬҮ	NEEDY - LING				/ O N T I''		C.E.	
2,713 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2 7\7.71	EDACE COCT	UNITS/DAY		HLY AVERA COST PER		COST PER
Z,/IS ELIGIBLES	CATCO	OR DAYS OF CARE		EVLENDIIOKES			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	528	\$	47,057.46		89.12	.195	\$	305.57	ċ	17.35
COMM HOSP INPATIENT TOTAL	34	217	Y	40,398.81		186.17	.080	ې	1188.20	۲	14.89
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	1		2 , 178.22		2178.22	.000		2178.22		.80
	1	1		391.50		391.50			391.50		
ACCOMMODATIONS	0	0					.000				.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	1	1									
ALL OTHER ACCOM	1	0		391.50		391.50	.000		391.50		.14
ANCILLARIES	33			1,786.72		.00	.000		1786.72		.66
INPATIENT CROSSOVERS	33	216		38,220.59		176.95	.080		1158.20		14.09
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130	311		6,658.65		21.41	.115		51.22		2.45
MEDICAL	2	4		357.55		89.39	.001		178.78		.13
SURGERY	4	4		227.61		56.90	.001		56.90		.08
PATHOLOGY	24	61		783.47		12.84	.022		32.64		.29
RADIOLOGY	1	1		211.58		211.58	.000		211.58		.08
ROOM USE	3	14		869.12		62.08	.005		289.71		.32
CROSSOVERS/ALL OTH OUTPTNT	105	227	_	4,209.32		18.54	.084	_	40.09	_	1.55
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,181	68 , 364	\$	6,208,135.79		90.81	25.199	\$	2846.46	\$	2288.29
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	74	2,263		213,087.42		94.16	.834		2879.56		78.54
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3	48		26,541.30)	552.94	.018		8847.10		9.78
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,104	66 , 053		5,968,507.07	7	90.36	24.347		2836.74		2199.97
@INTERMEDIATE CARE FACILDD	256	7 , 798	\$	1,054,239.19	9 \$	135.19	2.874	\$	4118.12	\$	388.59
ICF DDH	208	6 , 347		826,104.15	5	130.16	2.339		3971.65		304.50
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	48	1 , 451		228,135.04	1	157.23	.535		4752.81		84.09
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	48.20) \$	48.20	.000	\$	48.20	\$.02
PATHOLOGY	1	1		48.20)	48.20	.000		48.20		.02
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	693	1,081	\$	47,637.85	5 \$	44.07	.398	\$	68.74	\$	17.56
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	2	5		447.81	L	89.56	.002		223.91		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	691	1,076		47,190.04		43.86	.397		68.29		17.39
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MON					DEC		P	AGE 6,840
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 38 MEDIC	ALLY	NEEDY - LTNG							
			_								

						MC	NTHLY AVER	AGE	
2,713 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E.		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	364	30,601	\$	73,756.93	\$ 2.41	11.279	\$ 202.63	\$	27.19
DURABLE MED. EQUIP.	27	177		28,655.55	161.90		1061.32		10.56
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	12	15		3,278.14	218.54	.006	273.18		1.21
MEDICAL TRANSPORTATION	130	2,044		11,326.71	5.54	.753	87.13		4.17
AMBULANCES/AIR TRANS	4	11		500.75	45.52	.004	125.19		.18
OTHER TRANS	42	1,323		3,582.84	2.71	.488	85.31		1.32
OTHER SERVICES	90	710		7,243.12	10.20	.262	80.48		2.67
ACUPUNCTURE	3	6		108.13	18.02	.002	36.04		.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	40	96		1,383.02	14.41	.035	34.58		.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	4	6		7.19	1.20	.002	1.80		.00
PROSTHETIST/ORTHOTISTS	2	3		11.11	3.70				.00
PROSTHETICS	2	3		11.11	3.70	.001	5.56		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	19	21		145.55	6.93	.008	7.66		.05
SPEECH AND AUDIOLOGY	31	53		4,975.91	93.89	.020	160.51		1.83
HOSPICE SERVICES	3	58		6,283.28	108.33	.021	2094.43		2.32
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	133	28,122		17,582.34	.63	10.366	132.20		6.48
@CALIF. CHILDREN SERVICES*	2	2	\$	2,252.35	\$ 1126.18	.001	\$ 1126.18	\$.83
@XOVER EXCLUDING STATE HOSP**	761	19,048	\$	120,809.44	\$ 6.34	7.021	\$ 158.75	\$	44.53
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	RATE INFORMATION	ITEM	ONLY;					
THE AMOUNTS ARE ALREADY IN									
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU I	DEC 2002	E	PAGE 6,841

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPO MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
5,539	135,477	\$	7,981,888.40	\$ 58.92	20.394	\$ 1441.03	\$	1201.55
838	2,488	\$	49,165.94	\$ 19.76	.375	\$ 58.67	\$	7.40
37	45		1,506.44	33.48	.007	40.71		.23
35	42		1,398.92	33.31	.006	39.97		.21
0	0		.00	.00	.000	.00		.00
1	2		89.20	44.60	.000	89.20		.01
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
1	1		18.32	18.32	.000	18.32		.00
7	27		936.45	34.68	.004	133.78		.14
7	26		877.55	33.75	.004	125.36		.13
1	1		58.90	58.90	.000	58.90		.01
0	0		.00	.00	.000	.00		.00
6	8		372.81	46.60	.001	62.14		.06
	5,539 838 37	OR DAYS OF CARE 5,539 135,477 838 2,488 37 45 35 42 0 0 1 2 0 0 0 1 1 2 7 27	OR DAYS OF CARE 5,539 135,477 838 2,488 37 45 35 42 0 0 1 2 0 0 0 1 1 2 7 27	OR DAYS OF CARE 5,539 135,477 \$ 7,981,888.40 838 2,488 \$ 49,165.94 37 45 1,506.44 35 42 1,398.92 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 2 89.20 0 0 0 0 0 0 0 0 1 1 1 1 1 18.32 7 27 936.45 7 26 877.55 1 1 58.90 0 0 0 0 0 0	OR DAYS OF CARE 5,539 135,477 \$ 7,981,888.40 \$ 58.92 838 2,488 \$ 49,165.94 \$ 19.76 37 45 1,506.44 33.48 35 42 1,398.92 33.31 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 5,539 135,477 \$ 7,981,888.40 \$ 58.92 20.394 838 2,488 \$ 49,165.94 \$ 19.76 .375 37 45 1,506.44 33.48 .007 35 42 1,398.92 33.31 .006 0 0 .00 .00 .00 .00 1 2 89.20 44.60 .000 0 0 .00 .00 .00 .00 0 0 .00 .00 .	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 5,539 135,477 \$ 7,981,888.40 \$ 58.92 20.394 \$ 1441.03 838 2,488 \$ 49,165.94 \$ 19.76 .375 \$ 58.67 37 45 1,506.44 33.48 .007 40.71 35 42 1,398.92 33.31 .006 39.97 0 0 .00 .00 .00 .00 1 2 89.20 44.60 .000 89.20 0 0 .00 .00 .00 .00 1 1 18.32 18.32 .000 18.32 7 27 936.45 34.68 .004 133.78 7 26 877.55 33.75 .004 125.36 1 1 58.90 58.90 .000 .00 0 0 .00 .00 .00 .00 .00	OR DAYS OF CARE 5,539 135,477 \$ 7,981,888.40 \$ \$58.92 20.394 \$ 1441.03 \$ 838 2,488 \$ 49,165.94 \$ 19.76 .375 \$ 58.67 \$ 37 45 1,506.44 33.48 .007 40.71 35 42 1,398.92 33.31 .006 39.97 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

01/17/03

----- MONTHLY AVERAGE -----

EXAMINATIONS	6	8		372.81		46.60	.001		62.14		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	23		1,799.30		78.23	.003		359.86		.27
PRINCIPAL SURGEON	4	5		1,186.88		237.38	.001		296.72		.18
ASSISTANT SURGEON	1	1		107.22		107.22	.000		107.22		.02
ANESTHESIOLOGIST	1	17		505.20		29.72	.003		505.20		.08
OUTPATIENT SURGERY	14	48		4,934.23		102.80	.007		352.45		.74
PRINCIPAL SURGEON	11	11		4,219.73		383.61	.002		383.61		.64
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	37		714.50		19.31	.006		142.90		.11
DIALYSIS	7	15		3,106.77		207.12	.002		443.82		.47
PATHOLOGY	10	17		282.10		16.59	.003		28.21		.04
RADIOLOGY	42	62		2,977.77		48.03	.009		70.90		.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		26.86		8.95	.000		13.43		.00
OTHER SERVICES/ALL X-OVERS	748	2,240		33,223.21		14.83	.337		44.42		5.00
@PHARMACY	4,381	42,114	\$	1,304,882.68	\$	30.98	6.340		297.85	\$	196.43
PRESCRIPTION DRUGS	4,346	20,318		1,285,796.34		63.28	3.059		295.86		193.56
SNF/ICF	1,913	11,768		646,410.90		54.93	1.771		337.90		97.31
OUTPATIENTS	2,469	8,550		639,385.44		74.78	1.287		258.97		96.25
MEDICAL SUPPLIES	187	21 , 796		19,086.34		.88	3.281		102.07		2.87
@DENTIST	145	453	\$	17,856.00	\$	39.42	.068	\$	123.14	\$	2.69
VISITS - DIAGNOSTIC	105	253		4,087.00		16.15	.038		38.92		.62
ORAL SURGERY	19	90		4,154.00		46.16	.014		218.63		.63
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.000		260.00		.04
RESTORATIVE DENTISTRY	28	67		4,416.00		65.91	.010		157.71		.66
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	23	41		4,939.00		120.46	.006		214.74		.74
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU D	DEC 2	2002	P	PAGE 6,842
MOP024	FEE-FOR-SERVICE	•									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 39 MEDI	CALL	Y NEEDY - AGED							
6 640							MC			-	
6,643 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		OST PER		COST PER

6,643 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVI PEI		UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	115	304	\$ 6,997.02	\$	23.02	.046	\$ 60.84	\$ 1.05
DIAGNOSTIC AND ANC. PROCED	34	36	1,544.92		42.91	.005	45.44	.23
EYE APPLIANCES	84	242	4,751.46		19.63	.036	56.57	.72
OTHER OPTOMETRIC SERVICES	23	26	700.64		26.95	.004	30.46	.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	154	206	\$ 1,646.26	\$	7.99	.031	\$ 10.69	\$.25
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	154	206	1,646.26		7.99	.031	10.69	.25
@HOME HEALTH AGENCY	3	34	\$ 561.83	\$	16.52	.005	\$ 187.28	\$.08
NURSE ANESTHESIST	17	116	\$ 353.01	\$	3.04	.017	\$ 20.77	\$.05

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
@TOTAL HOSPITAL	578	2,761	\$ 213,318.03	\$ 77.26	.416	\$ 369.0	16	\$ 32.11
HOSP INPATIENT TOTAL	99	516	164,524.40	318.85	.078	1661.8	6	24.77
HSC HOSPITALS	0	0	.00	.00	.000	. (0	.00
NON-HSC HOSPITAL TOTAL	5	19	79,172.96	4167.00	.003	15834.5	9	11.92
ACCOMMODATIONS	5	19	28,040.55	1475.82	.003	5608.1	1	4.22
ADMINISTRATIVE DAYS	0	0	286.49CR	.00	.000	.0	0	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	. (0	.00
ALL OTHER ACCOM	5	19	28,327.04	1490.90	.003	5665.4	1	4.26
ANCILLARIES	5	0	51,132.41	.00	.000	10226.4	8	7.70
INPATIENT CROSSOVERS	94	497	85,351.44	171.73	.075	907.9	9	12.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	. (0	.00
HOSP OUTPATIENT TOTAL	512	2,245	48,793.63	21.73	.338	95.3	0	7.35
MEDICAL	27	57	3,073.84	53.93	.009	113.8	5	.46
SURGERY	7	8	959.81	119.98	.001	137.1	2	.14
PATHOLOGY	63	189	2,330.29	12.33	.028	36.9	9	.35
RADIOLOGY	33	39	2,379.51	61.01	.006	72.1	1	.36
ROOM USE	27	41	2,734.28	66.69	.006	101.2	7	.41
CROSSOVERS/ALL OTH OUTPTNT	441	1,911	37,315.90	19.53	.288	84.6	2	5.62
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.0	0	.00
HSC HOSPITALS	0	0	.00	.00	.000	.0	0	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.0	0	.00
ACCOMMODATIONS	0	0	.00	.00	.000	. 0	0	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.0	0	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.0	0	.00
ANCILLARIES	0	0	.00	.00	.000	. (0	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	. 0	0	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	. 0	0	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 6,843
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES I	FOR 39 MEDICAL	LY NEEDY - AGED				

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 39 MEDI	CALLY	Y NEEDY - AGED					01/17/03
						MON	THLY AVERA	GE	
6,643 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	578	•	\$	213,318.03	\$ 77.26	.416 \$	369.06	\$	
COMM HOSP INPATIENT TOTAL	99	516		164,524.40	318.85	.078	1661.86		24.77
HSC HOSPITALS	U	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	19 19		79,172.96 28,040.55	4167.00	.003			11.92
ACCOMMODATIONS	5	19		28 , 040.55	1475.82		5608.11		4.22
ADMINISTRATIVE DAYS	0	0		286.49CR	.00	.000	.00		.04CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	5	0 0 19 0 497		28,327.04	1490.90		5665.41		4.26
ANCILLARIES	5	0		51,132.41	.00	.000	10226.48		7.70
INPATIENT CROSSOVERS	94	497		85,351.44	.00 171.73 .00	.075	907.99		12.85
ALL OTHER INPATIENT	Λ	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	512	2,245		48,793.63	21.73	.338	95.30		7.35
MEDICAL	27	57		3,073.84	53.93	.009	113.85		.46
SURGERY	7	8		959.81	119.98	.001	137.12		.14
PATHOLOGY	63	189		2,330.29	119.98 12.33	.028	36.99		.35
RADIOLOGY	33	39		2,379.51	61.01 66.69	.006	72.11		.36
ROOM USE	27	41		2,734.28	66.69	.006	101.27		.41
CROSSOVERS/ALL OTH OUTPTNT	441	1,911		37 , 315.90	19.53	.288	84.62		5.62
@STATE HOSPITAL	0	. 0	\$.00		.000 \$.00	\$.00
	0	0	·	.00	.00	.000	.00	·	.00
MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0 2 , 148	66,004	\$	5,985,511.78			2786.55	\$	901.03
LEV A-INTERMEDIATE	, 0	0	·		.00	.000	.00	·	.00
LEV B-REHAB MD	63	1,909		.00 175,784.20	.00 92.08	.287	2790.23		26.46
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0 2,085 12	0 64,095		5,809,727.58	90.64	9.649	2786.44		874.56
@INTERMEDIATE CARE FACILDD	12	365	\$	47,221.21		.055 \$		Ś	7.11
ICF DDH	12	365	Ψ	47,221.21	129.37	.055	3935.10	т	7.11
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	36	546	\$	26,053.02	\$ 47.72	.082 \$		Ś	3.92
HOSPITAL BASED	0	0	Υ	.00	.00	.000	.00	٧	.00
HEMODIALYSIS CENTER	36	546		26,053.02	47.72	.082	723.70		3.92
@REHABILITATION FACILITY		0	\$.00	\$.00	.000 \$		Ċ	.00
HOSPITAL BASED	0	0	Ÿ	.00	.00	.000	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	21	102	\$	1,246.49	\$ 12.22	.015 \$		Ċ	.19
PATHOLOGY	20	101	Y	1,240.49	12.30	.015	62.12	٢	.19
	20 1			4.02		.015	4.02		
XO AND OTHERS		2 006	\$		4.02			ċ	.00
@ORGANIZED OUTPATIENT CLINIC	1,636 5	3,006	Þ		\$ 52.39	.453 \$		Ş	
CLINIC	5	50		999.69	19.99	.008	199.94		.15

25 20 1,578.02 63.12 .004 78.90 .24 SURGICENTER .00 .000 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .441 1,619 2,931 154,909.82 52.85 95.68 23.32 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,844 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----

					MON'	IHLY AVERAGE	
6,643 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	870	16 , 978 \$	169,587.60	\$ 9.99	2.556 \$	194.93 \$	25.53
DURABLE MED. EQUIP.	43	169	26,552.22	157.11	.025	617.49	4.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	30	6,284.57	209.49	.005	299.27	.95
MEDICAL TRANSPORTATION	169	4,125	19,389.37	4.70	.621	114.73	2.92
AMBULANCES/AIR TRANS	3	1CR	2,819.58CR	2819.58	.000	939.86CR	.42CR
OTHER TRANS	44	2 , 317	7,414.12	3.20	.349	168.50	1.12
OTHER SERVICES	129	1,809	14,794.83	8.18	.272	114.69	2.23
ACUPUNCTURE	23	64	1,081.32	16.90	.010	47.01	.16
ADULT DAY HEALTH CARE CTR	15	185	12,348.47	66.75	.028	823.23	1.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	216	1,245	70,715.09	56.80	.187	327.38	10.65
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	122	309	4,328.02	14.01	.047	35.48	.65
PHYSICAL THERAPIST	12	111	955.99	8.61	.017	79.67	.14
PORTABLE X-RAY	4	6	7.19	1.20	.001	1.80	.00
PROSTHETIST/ORTHOTISTS	4	8	500.33	62.54	.001	125.08	.08
PROSTHETICS	4	8	500.33	62.54	.001	125.08	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	21	145.55	6.93	.003	7.66	.02
SPEECH AND AUDIOLOGY	49	94	9,693.94	103.13	.014	197.84	1.46
HOSPICE SERVICES	0	0	44.04	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	304	10,611	17,541.50	1.65	1.597	57.70	2.64
@CALIF. CHILDREN SERVICES*	1	7CR \$	67.58CR	\$ 9.65	.001CR\$	67.58CR\$.01CR
@XOVER EXCLUDING STATE HOSP**	1,751	24,924 \$	280,107.30	\$ 11.24	3.752 \$	159.97 \$	42.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,845 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

						MON	ITHLY AVERA	GE
56 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	54	3 , 797	\$	93,501.21	\$ 24.63	67.804	1731.50	\$ 1669.66
@PHYSICIANS SERVICES	12	89	\$	734.84	\$ 8.26	1.589	61.24	\$ 13.12
OUTPATIENT VISITS	2	3		70.36	23.45	.054	35.18	1.26
OFFICE VISITS	2	3		70.36	23.45	.054	35.18	1.26
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		,	0.0	.00	.000		.00		.00
	0	0			0	.00	.000		.00		.00
INPATIENT VISITS	0	0			0	.00	.000		.00		.00
HOSPITAL VISITS	0	0									.00
CRITICAL CARE	<u> </u>	•			00	.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0			00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		39.8		39.86	.018		39.86		.71
EXAMINATIONS	1	1		39.8		39.86	.018		39.86		.71
SERVICES AND MATERIALS	0	0			00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0			0.0	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			0.0	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			0.0	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		. (0.0	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			0.0	.00	.000		.00		.00
DIALYSIS	1	1		225.0) 4	225.04	.018		225.04		4.02
PATHOLOGY	0	0		. (0.0	.00	.000		.00		.00
RADIOLOGY	2	3		50.3	L 6	16.72	.054		25.08		.90
PSYCHIATRY	0	0		. (0.0	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		. (0.0	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	81		349.4	12	4.31	1.446		34.94		6.24
@PHARMACY	31	134	\$	9,017.4	15 :	\$ 67.29	2.393	\$	290.89	\$	161.03
PRESCRIPTION DRUGS	31	129		8,800.9	97	68.22	2.304		283.90		157.16
SNF/ICF	16	89		5,566.0	06	62.54	1.589		347.88		99.39
OUTPATIENTS	15	40		3,234.9		80.87	.714		215.66		57.77
MEDICAL SUPPLIES	2	5		216.4		43.30	.089		108.24		3.87
@DENTIST	0	0	\$			\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			00	.00	.000		.00		.00
ORAL SURGERY	0	0			00	.00	.000		.00		.00
DRUGS	0	0			00	.00	.000		.00		.00
ANESTHESIA	0	0			00	.00	.000		.00		.00
PERIODONTICS	Û	0			00	.00	.000		.00		.00
ENDODONTICS	Û	0			00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	Û	0			00	.00	.000		.00		.00
PROSTHETICS	Û	0			00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0			00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0			00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	IRES					DEC		D	AGE 6,846
MOP024	FEE-FOR-SERVICE/DENTAL	111111111	,.\LU\ .	IIOIVIII OI IAIPIÜN.	ا ترندر د	OINT TOIN UAIN	2002 11110	יייי	2002	T.	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	40 MET	TCZT	IV NEEDV - BITMI)						01/1//00
THE INDOCTING COOMIT	SOMMAN OF SERVICES FOR	-10 14117 F		TT INDICAT DITINI	-		3.4			CE	

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 56 ELIGIBLES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 4 \$ 123.15 \$ 30.79 .071 \$ 61.58 \$ 2.20 47.45 47.45 .018 47.45 .85 DIAGNOSTIC AND ANC. PROCED 1 EYE APPLIANCES 3 53.11 17.70 .054 53.11 .95 1 22.59 22.59 .40 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 \$.000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 .000 0 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST 41.09 \$ 13.70 .054 \$ 13.70 \$.73

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	41.09	13.70	.054	13.70	.73
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	2	5 \$	72.90	\$ 14.58	.089 \$	36.45	\$ 1.30
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	•	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	72.90	14.58	.089	36.45	1.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	72.90	14.58	.089	36.45	1.30
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 6,847
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MENDOCINO COUNTY		ICES FOR 40 MEDICALLY	NEEDY - BLIND				
					MONT	HLY AVERA	GE
56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5 \$	72.90	\$ 14.58	.089 \$	36.45	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	-	-					

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	72.90	14.58	.089	36.45	1.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	72.90	14.58	.089	36.45	1.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	25	763	\$ 72,242.23	\$ 94.68	13.625	\$ 2889.69	\$ 1290.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	763	72,242.23	94.68	13.625	2889.69	1290.04
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	152	\$ 4,065.04	\$ 26.74		\$ 1355.01	\$ 72.59
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	152	4,065.04	26.74	2.714	1355.01	72.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

				0.0		0.0	0.00		0.0		0.0
INDEPENDENT FACILITY	0	Ü		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	133.55	\$	12.14	.196	\$	44.52	\$	2.38
PATHOLOGY	3	11		133.55		12.14	.196		44.52		2.38
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	32	\$	2,127.30	\$	66.48	.571	\$	101.30	\$	37.99
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	32		2,127.30		66.48	.571		101.30		37.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU	DEC	2002	Ρź	AGE 6,848
MOP024	FEE-FOR-SERVICE/D	DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVIC	CES FOR 40 MED	ICAL	LY NEEDY - BLIND							
							M	ГИО	THLY AVERA	GE ·	
56 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER

56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 22101222	002110	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	2,604 \$	4,943.66	\$ 1.90	46.500		-
DURABLE MED. EQUIP.	1	2	83.51	41.76	.036	83.51	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	1,274	3,413.48	2.68	22.750	568.91	60.96
AMBULANCES/AIR TRANS	0	, 0	.00	.00	.000	.00	.00
OTHER TRANS	1	1,123	2,702.50	2.41	20.054	2702.50	48.26
OTHER SERVICES	5	151	710.98	4.71	2.696	142.20	12.70
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	15	212.34	14.16	.268	53.09	3.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,313	1,234.33	.94	23.446	123.43	22.04
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	16	252 \$	1,280.88	\$ 5.08	4.500 \$	80.06	\$ 22.87

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,849 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	1GE	
3,583 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,460	77,471	\$	4,217,312.41	\$	54.44	21.622	\$ 1218.88	\$	1177.03
@PHYSICIANS SERVICES	714	2,503	\$	101,097.39	\$	40.39	.699	\$ 141.59	\$	28.22

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	129	197		6 , 775.67		34.39	.055		52.52		1.89
OFFICE VISITS	120	182		6,081.04		33.41	.051		50.68		1.70
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	11		588.49		53.50	.003		117.70		.16
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	4	4		106.14		26.54	.001		26.54		.03
INPATIENT VISITS	53	294		13,119.42		44.62	.082		247.54		3.66
HOSPITAL VISITS	44	259		10,819.91		41.78	.072		245.91		3.02
CRITICAL CARE	9	18		1,846.30		102.57	.005		205.14		.52
SNF/ICF/TRANS IP CARE	10	17		453.21		26.66	.005		45.32		.13
OPHTHALMOLOGICAL SERVICES	21	21		1,000.40		47.64	.006		47.64		.28
EXAMINATIONS	21	21		1,000.40		47.64	.006		47.64		.28
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	45	352		20,071.91		57.02	.098		446.04		5.60
PRINCIPAL SURGEON	31	47		14,258.03		303.36	.013		459.94		3.98
ASSISTANT SURGEON	6	6		1,279.78		213.30	.002		213.30		.36
ANESTHESIOLOGIST	18	299		4,534.10		15.16	.083		251.89		1.27
OUTPATIENT SURGERY	60	199		21,617.95		108.63	.056		360.30		6.03
PRINCIPAL SURGEON	49	72		18,938.47		263.03	.020		386.50		5.29
	49			•							
ASSISTANT SURGEON	16	1		141.88		141.88	.000		141.88		.04
ANESTHESIOLOGIST	_ v	126		2,537.60		20.14	.035		158.60		.71
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	42	66		2,074.67		31.43	.018		49.40		.58
RADIOLOGY	138	372		17,873.31		48.05	.104		129.52		4.99
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	10		1,594.44		159.44	.003		227.78		.45
OTHER SERVICES/ALL X-OVERS	443	992		16,969.62		17.11	.277		38.31		4.74
@ PHARMACY	2,714	23,612	\$	1,364,903.35	\$	57.81	6.590	\$	502.91	\$	380.94
PRESCRIPTION DRUGS	2 , 679	11 , 727		1,349,656.57		115.09	3.273		503.79		376.68
SNF/ICF	170	1,539		122,803.11		79.79	.430		722.37		34.27
OUTPATIENTS	2,512	10,188		1,226,853.46		120.42	2.843		488.40		342.41
MEDICAL SUPPLIES	159	11,885		15,246.78		1.28	3.317		95.89		4.26
@DENTIST	111	535	\$	20,235.27	\$	37.82	.149	\$	182.30	\$	5.65
VISITS - DIAGNOSTIC	79	287		4,095.27		14.27	.080		51.84		1.14
ORAL SURGERY	25	119		6,293.00		52.88	.033		251.72		1.76
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	3	3		200.00		66.67	.001		66.67		.06
PERIODONTICS	7	8		1,185.00		148.13	.002		169.29		.33
ENDODONTICS	1	1		215.00		215.00	.000		215.00		.06
RESTORATIVE DENTISTRY	35	73		4,766.00		65.29	.020		136.17		1.33
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	10	43		3,451.00		80.26	.012		345.10		.96
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES			יי סבות		יבטטבי			ספת		T.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		KES M	IONTH-OF-PAYMENT F	KEPOR'.	r rok jan	ZUUZ THRU	DEC	ZUUZ	Ρ.	AGE 6,850
MOP024	FEE-FOR-SERVICE/DE			W MEEDY DIGITIES	10						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	S FOR 41 MED	TCALI	LY NEEDY - DISABLE	ΣD						

					MON	THLY AVERAG	SE
3,583 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	79	226	\$ 5,078.80	\$ 22.47	.063 \$	64.29	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	31	30	1,363.49	45.45	.008	43.98	.38

EYE APPLIANCES	61	180		3,382.19		18.79	.050		55.45		.94
OTHER OPTOMETRIC SERVICES	11	16		333.12		20.82	.004		30.28		.09
@CHIROPRACTOR	3	11	\$	158.84	\$	14.44	.003	\$	52.95	\$.04
VISITS	2	9		125.40		13.93	.003		62.70		.03
OTHER SERVICES	1	2		33.44		16.72	.001		33.44		.01
@PODIATRIST	26	35	\$	517.92	\$	14.80	.010		19.92	Ś	.14
MEDICINE/INJECTIONS	0	0	7	.00	т.	.00	.000	7	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	26	35		517.92		14.80	.010		19.92		.14
			Ċ		<u>_</u>					Ċ	
@HOME HEALTH AGENCY	12	67	\$	4,769.92	\$	71.19	.019		97.49		1.33
NURSE ANESTHESIST	7	28	\$	142.51	\$	5.09	.008		20.36	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	Ş	.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	709	3,206	\$	865,113.09	\$	269.84	.895		20.19	\$	241.45
HOSP INPATIENT TOTAL	82	509		778 , 737.14		1529.94	.142		96.79		217.34
HSC HOSPITALS	5	32		49,513.00		1547.28	.009	99	02.60		13.82
NON-HSC HOSPITAL TOTAL	40	315		698,186.51		2216.47	.088	174	54.66		194.86
ACCOMMODATIONS	38	315		193,197.51		613.33	.088	50	84.15		53.92
ADMINISTRATIVE DAYS	5	29		6,597.29		227.49	.008	13	19.46		1.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	35	286		186,600.22		652.45	.080	5.3	31.43		52.08
ANCILLARIES	40	0		504,989.00		.00	.000		24.73		140.94
INPATIENT CROSSOVERS	40	162		31,037.63		191.59	.045		75.94		8.66
ALL OTHER INPATIENT	0	0		.00		.00	.000	,	.00		.00
HOSP OUTPATIENT TOTAL	662	2 , 697		86,375.95		32.03	.753	1	30.48		24.11
MEDICAL	114	193		10,805.22		55.99	.054		94.78		3.02
	37	42				78.72					
SURGERY				3,306.12			.012		89.35		.92
PATHOLOGY	223	916		11,227.20		12.26	.256		50.35		3.13
RADIOLOGY	97	149		14,108.87		94.69	.042		45.45		3.94
ROOM USE	131	207		10,219.10		49.37	.058		78.01		2.85
CROSSOVERS/ALL OTH OUTPTNT		1,190		36,709.44		30.85	.332		86.99		10.25
@COUNTY HOSPITAL TOTAL	3	51	\$	727.35	\$	14.26	.014	\$ 2	42.45	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	51		727.35		14.26	.014	2	42.45		.20
MEDICAL	2	6		161.72		26.95	.002		80.86		.05
SURGERY	2	2		37.06		18.53	.001		18.53		.01
PATHOLOGY	1	22		167.66		7.62	.006		67.66		.05
	1										
RADIOLOGY	Δ	8		119.89		14.99	.002		19.89		.03
ROOM USE	2	3		103.60		34.53	.001		51.80		.03
CROSSOVERS/ALL OTH OUTPTNT		10		137.42	-DAF	13.74	.003		68.71		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		KES M	MONTH-OF-PAYMENT RE	SPOR	T FOR JAN	ZUUZ THRU I	JEC 20	UZ	PA	GE 6,851
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 41 MED	CALI	LY NEEDY - DISABLEI)					~-	
							MO	ONTHLY	AVERA	GE -	

3,583 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	F.		PE:	R UNIT/DAY	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	706	3,155	\$	864,385.74	\$	273.97			1224.34		241.25
COMM HOSP INPATIENT TOTAL	82	509		778,737.14		1529.94	.142		9496.79		217.34
HSC HOSPITALS	5	32		49,513.00		1547.28	.009		9902.60		13.82
NON-HSC HOSPITALS TOTAL	40	315		698,186.51		2216.47	.088		17454.66		194.86
ACCOMMODATIONS	38	315		193,197.51		613.33	.088		5084.15		53.92
ADMINISTRATIVE DAYS	5	29		6,597.29		227.49	.008		1319.46		1.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	35	286		186,600.22		652.45	.080		5331.43		52.08
ANCILLARIES	40	0		504,989.00		.00	.000		12624.73		140.94
INPATIENT CROSSOVERS	40	162		31,037.63		191.59	.045		775.94		8.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	659	2,646		85,648.60		32.37	.738		129.97		23.90
MEDICAL	112	187		10,643.50		56.92	.052		95.03		2.97
SURGERY	35	40		3,269.06		81.73	.011		93.40		.91
PATHOLOGY	222	894		11,059.54		12.37	.250		49.82		3.09
RADIOLOGY	96	141		13,988.98		99.21	.039		145.72		3.90
ROOM USE	129	204		10,115.50		49.59	.057		78.41		2.82
CROSSOVERS/ALL OTH OUTPTNT	420	1,180		36 , 572.02		30.99	.329		87.08		10.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	149	4,331	\$	466,320.38	\$	107.67	1.209	\$	3129.67	Ş	130.15
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	12	365		38,633.45		105.85	.102		3219.45		10.78
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	3 0	48		26,541.30		552.94	.013		8847.10		7.41
LEV B-TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00		.00
LEV B-REGULAR	134	3,918	ć	401,145.63	ċ	102.39	1.093	Ċ	2993.62	Ċ	111.96
@INTERMEDIATE CARE FACILDD	244 196	7,433	\$	1,007,017.98	\$	135.48		Ş	4127.12	Ş	281.05
ICF DDH	196	5 , 982		778,882.94		130.20	1.670		3973.89		217.38
ICF DD ICF DDN/DDCN	48	1,451		.00 228,135.04		.00 157.23	.000		4752.81		63.67
@HEMODIALYSIS TOTAL	19	23	\$	12,010.19	\$	522.18	.006	Ċ	632.12	Ċ	3.35
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	ې	.00	ې	.00
HEMODIALYSIS CENTER	19	23		12,010.19		522.18	.006		632.12		3.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	51	238	\$	2,106.88	\$	8.85	.066	Ś	41.31	Ś	.59
PATHOLOGY	51	238	7	2,106.88	т	8.85	.066	т.	41.31	-	.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,500	3,510	\$	217,226.45	\$	61.89	.980	\$	144.82	\$	60.63
CLINIC	. 2	, 3	·	135.04		45.01	.001		67.52		.04
SURGICENTER	12	30		1,230.62		41.02	.008		102.55		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,492	3,477							144.68		60.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC	2002	Р	AGE 6,852
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 41 MED	ICALL:	Y NEEDY - DISABLEI	D						
							M	TNOI	HLY AVERA	GE	
3,583 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S			COST PER
		OR DAYS OF CAR			PE	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	589	31,713	\$	150,613.44	\$			\$	255.71	\$	42.04
DURABLE MED. EQUIP.	44	167		31,617.33		189.33	.047		718.58		8.82
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	3	5	2,516.05		503.21	.001	838.	68	.70
MEDICAL TRANSPORTATION	65	2,088	16,782.94		8.04	.583	258.	20	4.68
AMBULANCES/AIR TRANS	19	413	6,357.50		15.39	.115	334.	61	1.77
OTHER TRANS	12	1,028	2,502.08		2.43	.287	208.	51	.70
OTHER SERVICES	36	647	7,923.36		12.25	.181	220.	09	2.21
ACUPUNCTURE	62	148	2,530.28		17.10	.041	40.	31	.71
ADULT DAY HEALTH CARE CTR	18	147	9,396.37		63.92	.041	522.	02	2.62
GENETIC DISEASE TESTING	0	0	.00		.00	.000		0.0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	74	561	44,200.97		78.79	.157	597.	31	12.34
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		0 C	.00
OPTICIAN	96	258	3,287.21		12.74	.072	34.	24	.92
PHYSICAL THERAPIST	13	78	1,413.00		18.12	.022	108.	69	.39
PORTABLE X-RAY	0	0	.00		.00	.000		0.0	.00
PROSTHETIST/ORTHOTISTS	5	53	6,431.20	1	L21.34	.015	1286.	24	1.79
PROSTHETICS	5	53	6,431.20	1	L21.34	.015	1286.	24	1.79
ORTHOTICS	0	0	.00		.00	.000		0 C	.00
PSYCHOLOGIST	0	0	.00		.00	.000		0 C	.00
SPEECH AND AUDIOLOGY	19	35	2,456.11		70.17	.010	129.	27	.69
HOSPICE SERVICES	3	58	6,239.24	1	L07.57	.016	2079.	75	1.74
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		0 C	.00
LOCAL EDUCATION AGENCIES	8	88	907.08		10.31	.025	113.	39	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		0 C	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		0 C	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		0 C	.00
ALL OTHER PROVIDERS	258	28,027	22,835.66		.81	7.822	88.	51	6.37
@CALIF. CHILDREN SERVICES*	13	58	\$ 12,328.13	\$ 2	212.55	.016	\$ 948.	32 \$	3.44
@XOVER EXCLUDING STATE HOSP**	822	6,086	\$ 102,561.81	\$	16.85	1.699	\$ 124.	77 \$	28.62

PAGE 6,853

01/17/03

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

HEINDOCINO COONTI	DOINTING OF BEIN	TODO TOR IZ FIEDIO		NDDD1 17M11D1D0	,		M	ТИС	HLY AVERA	GE	
82,978 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	696		\$	47,771.07	\$	23.27	.025		68.64	Ś	.58
DIAGNOSTIC AND ANC. PROCED	523	527	т	24,702.81	т.	46.87	.006	-	47.23	7	.30
EYE APPLIANCES	531	1,507		22,540.52		14.96	.018		42.45		.27
OTHER OPTOMETRIC SERVICES	19	19		527.74		27.78	.000		27.78		.01
@CHIROPRACTOR	57		\$		\$	16.37	.001	Ś	34.76	Ś	.02
VISITS	57	121	т	1,981.32	т	16.37	.001	-	34.76	7	.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2		\$	352.20	\$	176.10	.000	Ś	176.10	Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	т	.00	.000	-	.00	7	.00
SURGERY/ANES.	2	2		352.20		176.10	.000		176.10		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	82	268	¢	17,587.78	\$	65.63	.003	Ċ	214.49	\$.21
NURSE ANESTHESIST	1	6	ς ¢	3.37	\$.56		\$	3.37	\$.00
NURSE MIDWIFE	337	1,543	Υ Ċ	47,038.38	\$	30.49		\$	139.58	\$.57
PEDIATRIC NURSE PRACTITIONER		1,545	۲ ¢	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	۲ خ	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	10,320	51,817	۲ د	7,014,704.31	¢ ¢	135.37	.624		679.72		84.54
HOSP INPATIENT TOTAL	727	3,100	Υ	5,558,461.01	٧	1793.05	.037	Y	7645.75	٧	66.99
HSC HOSPITALS	68	656		1,003,528.84		1529.77	.008		14757.78		12.09
NON-HSC HOSPITAL TOTAL	671	2,444		4,554,932.17		1863.72	.029		6788.27		54.89
ACCOMMODATIONS	624	2,444		1,689,700.68		691.37	.029		2707.85		20.36
ACCOMMODATIONS ADMINISTRATIVE DAYS	10	2,444 41		9,087.95		221.66	.000		908.80		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	618	2,403		1,680,612.73		699.38	.029		2719.44		20.25
ANCILLARIES	671	2,403		2,865,231.49		.00	.000		4270.09		34.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,964	48 , 717		1,456,243.30		29.89	.587		146.15		17.55
MEDICAL	4,691	6,941		355,951.43		51.28	.084		75.88		4.29
SURGERY	864	1,087		78,139.16		71.89	.013		90.44		.94
	4,682	•		186,291.77		11.49	.195		39.79		2.25
PATHOLOGY	2,281	16,212 3,099		221,792.90		71.57	.193		97.23		2.23
RADIOLOGY		· ·				44.12					
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	5,314 3,799	7,470		329,590.75 284,477.29		20.45	.090 .168		62.02 74.88		3.97 3.43
		13,908	ċ		ċ	792.52		<u>~</u>		ċ	1.18
@COUNTY HOSPITAL TOTAL	17 . 3		\$	•					5780.75	ې	
CO HOSPITAL INPATIENT TOTAL		81 81		96,795.02 96,795.02		1195.00	.001		32265.01		1.17
HSC HOSPITALS	3	0		•		1195.00	.001		32265.01		1.17
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	43		1,477.67		34.36	.001		105.55		.02
MEDICAL	6	8		390.45		48.81	.000		65.08		.00
SURGERY	1	3		86.97		28.99	.000		86.97		.00
PATHOLOGY	2	9		164.19		18.24	.000		82.10		.00
RADIOLOGY	1	2		76.47		38.24	.000		76.47		.00
ROOM USE	11	14		556.67		39.76	.000		50.61		.01

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR 42 MEDICA.	LLI NEEDI - FAMILIES		MONT		с п	
82,978 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	_	COST PER
02,9/0 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,305	51,693 \$	6,916,431.62	\$ 133.80	.623 \$	671.17	ċ	83.35
	724	3,019		1809.10	.036	7543.74	Ą	65.82
COMM HOSP INPATIENT TOTAL	65	5,019 575	5,461,665.99		.036			10.93
HSC HOSPITALS			906,733.82	1576.93		13949.75		
NON-HSC HOSPITALS TOTAL	671	2,444	4,554,932.17	1863.72	.029	6788.27		54.89
ACCOMMODATIONS	624	2,444	1,689,700.68	691.37	.029	2707.85		20.36
ADMINISTRATIVE DAYS	10	41	9,087.95	221.66	.000	908.80		.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	618	2,403	1,680,612.73	699.38	.029	2719.44		20.25
ANCILLARIES	671	0	2,865,231.49	.00	.000	4270.09		34.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9,951	48,674	1,454,765.63	29.89	.587	146.19		17.53
MEDICAL	4,685	6 , 933	355 , 560.98	51.29	.084	75.89		4.29
SURGERY	863	1,084	78,052.19	72.00	.013	90.44		.94
PATHOLOGY	4,681	16,203	186,127.58	11.49	.195	39.76		2.24
RADIOLOGY	2,280	3 , 097	221,716.43	71.59	.037	97.24		2.67
ROOM USE	5,304	7,456	329,034.08	44.13	.090	62.04		3.97
CROSSOVERS/ALL OTH OUTPINT	3,794	13,901	284,274.37	20.45	.168	74.93		3.43
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	1	8 \$	1,760.88	\$ 220.11			\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1	8	1,760.88	220.11	.000	1760.88		.02
@INTERMEDIATE CARE FACILDD	1	0 \$.00	\$.00	.000 \$.00	Ċ	.00
ICF DDH	0	0	.00	.00	.000	.00	۲	.00
	0	0				.00		
ICF DD	1	0	.00	.00	.000			.00
ICF DDN/DDCN	1.3	•	.00			.00 3253.95	Ċ	.51
@HEMODIALYSIS TOTAL	4		42,301.34	\$ 72.43	.007 \$		Ş	
HOSPITAL BASED		47	17,780.10	378.30	.001	4445.03		.21
HEMODIALYSIS CENTER	9	537	24,521.24	45.66	.006	2724.58	<u> </u>	.30
@REHABILITATION FACILITY	15	70 \$	1,145.89	\$ 16.37	.001 \$	76.39	\$.01
HOSPITAL BASED	1	2CR	15.58	7.79CR	.000	15.58		.00
INDEPENDENT FACILITY	14	72	1,130.31	15.70	.001	80.74	_	.01
@LABORATORY FACILITY	2,063	5,483 \$	106,244.54	\$ 19.38	.066 \$	51.50	Ş	1.28
PATHOLOGY	2,063	5,483	106,244.54	19.38	.066	51.50		1.28
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	21,780	40,966 \$	-,,	\$ 95.56	.494 \$	179.75	\$	47.18
CLINIC	574	2,312	50,388.66	21.79	.028	87.79		.61
SURGICENTER	57	266	10,064.43	37.84	.003	176.57		.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	21,340	38,388	3,854,395.52	100.41	.463	180.62		46.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	P	AGE 6,856
MOP024	FEE-FOR-SERVIC							01/17/03
MENDOCINO COUNTY	CIMMADA OE CED	MEDICA.	TTV NEEDV EAMITTE	7				

					MON	THLY AVERA	GE	
82,978 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
, , , , , , , , , , , , , , , , , , , ,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	4,077	86,884 \$	505,739.61	\$ 5.82	1.047 \$	124.05	\$	6.09
DURABLE MED. EQUIP.	100	196	18,056.19	92.12	.002	180.56		.22
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	7	21	1,020.53	48.60	.000	145.79		.01
MEDICAL TRANSPORTATION	286	12,498	227,533.31	18.21	.151	795.57		2.74
AMBULANCES/AIR TRANS	278	8,025	134,466.07	16.76	.097	483.69		1.62
OTHER TRANS	3	4,420	9,519.39	2.15	.053	3173.13		.11
OTHER SERVICES	50	53	83,547.85	1576.37	.001	1670.96		1.01
ACUPUNCTURE	896	2,170	37,159.43	17.12	.026	41.47		.45
ADULT DAY HEALTH CARE CTR	0	, 0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	294	295	22,977.00	77.89	.004	78.15		.28
IHMC, MODEL-NF, NF, AIDS, MSSP	4	18	2,867.25	159.29	.000	716.81		.03
OCCUPATIONAL THERAPIST	2	10	159.93	15.99	.000	79.97		.00
OPTICIAN	602	1,433	14,989.11	10.46	.017	24.90		.18
PHYSICAL THERAPIST	118	1,057	17,294.83	16.36	.013	146.57		.21
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	46	112	13,796.20	123.18	.001	299.92		.17
PROSTHETICS	29	90	12,749.81	141.66	.001	439.65		.15
ORTHOTICS	17	22	1,046.39	47.56	.000	61.55		.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	34	63	5,057.16	80.27	.001	148.74		.06
HOSPICE SERVICES	1	11	1,216.16	110.56	.000	1216.16		.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1,621	9,168	109,717.24	11.97	.110	67.68		1.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	140	59 , 832	33,895.27	.57	.721	242.11		.41
@CALIF. CHILDREN SERVICES*	397	3,458 \$	1,291,174.74	\$ 373.39	.042 \$	3252.33	\$	15.56
@XOVER EXCLUDING STATE HOSP**	70	169 \$	3,115.61	\$ 18.44	.002 \$	44.51	\$.04
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION ITEM	ONLY;					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL LIN	ES ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	6 , 857
MOP024	FEE-FOR-SERVICE	C/DENTAL					0	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 43 MEDICAL	LY NEEDY					
					MON	THLY AVERA	GE	
93,260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER

93,260 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	48,851	473,613	\$	27,010,755.34	\$ 57.03	5.078	\$ 552.92	\$ 289.63
@PHYSICIANS SERVICES	8,406	24,819	\$	1,292,747.98	\$ 52.09	.266	\$ 153.79	\$ 13.86
OUTPATIENT VISITS	2,208	2 , 937		119,628.02	40.73	.031	54.18	1.28
OFFICE VISITS	1,737	2,178		74,756.97	34.32	.023	43.04	.80
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	153	178		8,613.65	48.39	.002	56.30	.09
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	269	488		33,308.28	68.25	.005	123.82	.36
OTHER OUTPATIENT	87	92		2,905.27	31.58	.001	33.39	.03
INPATIENT VISITS	748	2,828		173,926.57	61.50	.030	232.52	1.86
HOSPITAL VISITS	704	2,303		99,743.22	43.31	.025	141.68	1.07
CRITICAL CARE	110	508		73,730.14	145.14	.005	670.27	.79
SNF/ICF/TRANS IP CARE	10	17		453.21	26.66	.000	45.32	.00
OPHTHALMOLOGICAL SERVICES	115	127		6,139.67	48.34	.001	53.39	.07

EXAMINATIONS	115	127	6,139.67		48.34	.00	1	53.39	.07
SERVICES AND MATERIALS	0	0	.00		.00	.00	С	.00	.00
INPATIENT HOSPITAL SURGERY	727	4,098	412,455.40	1	00.65	.04	4	567.34	4.42
PRINCIPAL SURGEON	475	600	332,278.71	5	53.80	.00	6	699.53	3.56
ASSISTANT SURGEON	77	78	16,643.35	2	13.38	.00	1	216.15	.18
ANESTHESIOLOGIST	293	3,420	63,533.34		18.58	.03	7	216.84	.68
OUTPATIENT SURGERY	903	3 , 192	213,155.77		66.78	.03	4	236.05	2.29
PRINCIPAL SURGEON	680	826	163,585.39	1	98.05	.00	9	240.57	1.75
ASSISTANT SURGEON	7	7	736.13	1	05.16	.00	С	105.16	.01
ANESTHESIOLOGIST	332	2 , 359	48,834.25		20.70	.02	5	147.09	.52
DIALYSIS	19	42	6,343.31	1	51.03	.00	С	333.86	.07
PATHOLOGY	1,287	1,976	54,253.14		27.46	.02	1	42.15	.58
RADIOLOGY	3,017	4,734	178,983.99		37.81	.05	1	59.33	1.92
PSYCHIATRY	1	1	29.18		29.18	.00	С	29.18	.00
IMMUNIZATION AND INJECTION	102	280	19,285.15		68.88	.00	3	189.07	.21
OTHER SERVICES/ALL X-OVERS	1,912	4,604	108,547.78		23.58	.04	9	56.77	1.16
@ PHARMACY	23,510	106,780	\$ 4,339,981.36	\$	40.64	1.14	5	\$ 184.60	\$ 46.54
PRESCRIPTION DRUGS	23,277	66,323	4,258,792.19		64.21	.71	1	182.96	45.67
SNF/ICF	2,101	13,398	774,824.12		57.83	.14	4	368.79	8.31
OUTPATIENTS	21,217	52 , 925	3,483,968.07		65.83	.56	7	164.21	37.36
MEDICAL SUPPLIES	787	40,457	81,189.17		2.01	.43	4	103.16	.87
@DENTIST	1,910	7,392	\$ 251,737.60	\$	34.06	.07	9	\$ 131.80	\$ 2.70
VISITS - DIAGNOSTIC	1,400	4,684	73,095.44		15.61	.05	C	52.21	.78
ORAL SURGERY	306	888	61,190.50		68.91	.01	C	199.97	.66
DRUGS	18	19	301.00		15.84	.00	C	16.72	.00
ANESTHESIA	79	80	7,315.00		91.44	.00	1	92.59	.08
PERIODONTICS	25	25	2,855.00	1	14.20	.00	C	114.20	.03
ENDODONTICS	66	129	12,060.00		93.49	.00	1	182.73	.13
RESTORATIVE DENTISTRY	600	1,422	81,443.75		57.27	.01	5	135.74	.87
PROSTHETICS	5	5	150.00		30.00	.00	C	30.00	.00
DENTURES, STAYPLATES	39	97	11,022.00	1	13.63	.00	1	282.62	.12
SPACE MAINTAINERS	7	7	880.00	1	25.71	.00	С	125.71	.01

MAXILLOFACIAL SERVICES	8	12	1,030.20	85.85	.000	128.78	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	394.71	43.86	.000	65.79	.00
ALL OTHER SERVICES	10	15	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 6,858
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR 43 MEDICAI	LLY NEEDY				

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALL	Y NEEDY			3.6	○ 3. 7.07		с п	
02 060 51 5655156			_				M			GE	
93,260 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	0.00	OR DAYS OF CAR		50 050 04		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	892	2,587	\$	59,970.04	\$	23.18	.028	Ş	67.23	Ş	.64
DIAGNOSTIC AND ANC. PROCED	589	594		27,658.67		46.56	.006		46.96		.30
EYE APPLIANCES	677	1,932		30,727.28		15.90	.021		45.39		.33
OTHER OPTOMETRIC SERVICES	54	61		1,584.09		25.97	.001		29.34		.02
@CHIROPRACTOR	60	132	\$		\$.001	Ş	35.67	Ş	.02
VISITS	59	130		2,106.72		16.21	.001		35.71		.02
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST_	185	246	\$	2,557.47	\$	10.40	.003	\$	13.82	\$.03
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	2	2		352.20		176.10	.000		176.10		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	183	244		2,205.27		9.04	.003		12.05		.02
@HOME HEALTH AGENCY	97	369	\$	22,919.53	\$	62.11	.004	\$	236.28	\$.25
NURSE ANESTHESIST	25	150	\$	498.89	\$	3.33	.002		19.96	\$.01
NURSE MIDWIFE	337	1,543	\$	47,038.38	\$	30.49	.017		139.58	\$.50
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	11,609	57 , 789	\$		\$	140.05	.620	\$	697.15	\$	86.78
HOSP INPATIENT TOTAL	908	4,125		6,501,722.55		1576.18	.044		7160.49		69.72
HSC HOSPITALS	73	688		1,053,041.84		1530.58	.007		14425.23		11.29
NON-HSC HOSPITAL TOTAL	716	2,778		5,332,291.64		1919.47	.030		7447.33		57.18
ACCOMMODATIONS	667	2,778		1,910,938.74		687.88	.030		2864.98		20.49
ADMINISTRATIVE DAYS	15	70		15,398.75		219.98	.001		1026.58		.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	658	2,708		1,895,539.99		699.98	.029		2880.76		20.33
ANCILLARIES	716	0		3,421,352.90		.00	.000		4778.43		36.69
INPATIENT CROSSOVERS	134	659		116,389.07		176.61	.007		868.58		1.25
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11,140	53,664		1,591,485.78		29.66	.575		142.86		17.07
MEDICAL	4,832	7,191		369,830.49		51.43	.077		76.54		3.97
SURGERY	908	1,137		82,405.09		72.48	.012		90.75		.88
PATHOLOGY	4,968	17,317		199,849.26		11.54	.186		40.23		2.14
RADIOLOGY	2,411	3,287		238,281.28		72.49	.035		98.83		2.56
ROOM USE	5,472	7,718		342,544.13		44.38	.083		62.60		3.67
CROSSOVERS/ALL OTH OUTPTNT		17,014		358,575.53		21.08	.182		76.88		3.84
@COUNTY HOSPITAL TOTAL	20	175	\$		\$	565.71	.002	\$	4950.00	\$	1.06
CO HOSPITAL INPATIENT TOTAL		81	·	96,795.02	·	1195.00	.001		32265.01		1.04
HSC HOSPITALS	3	81		96,795.02		1195.00	.001		32265.01		1.04
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	3	o o		. 3 0		• • •	• • • •		• • • •		• • • •

CO HOSP OUTPATIENT TOTAL	17	94	2,205.02	23.46	.001	129.71		.02
MEDICAL	8	14	552.17	39.44	.000	69.02		.01
SURGERY	3	5	124.03	24.81	.000	41.34		.00
PATHOLOGY	3	31	331.85	10.70	.000	110.62		.00
RADIOLOGY	2	10	196.36	19.64	.000	98.18		.00
ROOM USE	13	17	660.27	38.84	.000	50.79		.01
CROSSOVERS/ALL OTH OUTPTNT	8	17	340.34	20.02	.000	42.54		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	6,859
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES E	FOR 43 MEDICA:	LLY NEEDY					
					MON'	THLY AVERAG	E	

MENDOCINO COUNTI	SUMMARI OF SERV	VICES FOR 43 MEDICAL.	LI NEEDI		MON		CE	
02 260 BLIGTBIRG	HODDO	INITES OF SERVICE		ALIEDACE COCE	MON		·OL	
93,260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
OCONMUNITELY HOODITERS FOREST	11 [01	OR DAYS OF CARE	7 004 200 20	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,591	57,614 \$	7,994,208.29	\$ 138.75	.618 \$		Ş	85.72
COMM HOSP INPATIENT TOTAL	905	4,044	6,404,927.53	1583.81	.043	7077.27		68.68
HSC HOSPITALS	70	607	956,246.82	1575.37	.007	13660.67		10.25
NON-HSC HOSPITALS TOTAL	716	2,778	5,332,291.64	1919.47	.030	7447.33		57.18
ACCOMMODATIONS	667	2,778	1,910,938.74	687.88	.030	2864.98		20.49
ADMINISTRATIVE DAYS	15	70	15,398.75	219.98	.001	1026.58		.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	658	2 , 708	1,895,539.99	699.98	.029	2880.76		20.33
ANCILLARIES	716	0	3,421,352.90	.00	.000	4778.43		36.69
INPATIENT CROSSOVERS	134	659	116,389.07	176.61	.007	868.58		1.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11,124	53 , 570	1,589,280.76	29.67	.574	142.87		17.04
MEDICAL	4,824	7,177	369 , 278.32	51.45	.077	76.55		3.96
SURGERY	905	1,132	82,281.06	72.69	.012	90.92		.88
PATHOLOGY	4,966	17 , 286	199,517.41	11.54	.185	40.18		2.14
RADIOLOGY	2,409	3 , 277	238,084.92	72.65	.035	98.83		2.55
ROOM USE	5,460	7,701	341,883.86	44.39	.083	62.62		3.67
CROSSOVERS/ALL OTH OUTPTNT	4,657	16,997	358,235.19	21.08	.182	76.92		3.84
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	2,323	71,106 \$	6,525,835.27	\$ 91.78	.762 \$	2809.23	\$	69.97
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	75	2,274	214,417.65	94.29	.024	2858.90		2.30
LEV B-SUBACUTE FREESTANDING	0	. 0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	3	48	26,541.30	552.94	.001	8847.10		.28
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	2,245	68,784	6,284,876.32	91.37	.738	2799.50		67.39
@INTERMEDIATE CARE FACILDD	257	7,798 \$	1,054,239.19	\$ 135.19		4102.10	Ś	11.30
ICF DDH	208	6,347	826,104.15	130.16	.068	3971.65		8.86
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	49	1,451	228,135.04	157.23	.016	4655.82		2.45
@HEMODIALYSIS TOTAL	71	1,305 \$	84,429.59	\$ 64.70		1189.15	Ś	.91
HOSPITAL BASED	4	47	17,780.10	378.30	.001	4445.03	т	.19
HEMODIALYSIS CENTER	67	1,258	66,649.49	52.98	.013	994.77		.71
@REHABILITATION FACILITY	15	70 \$	1,145.89	\$ 16.37	.001 \$		Ś	.01
HOSPITAL BASED	1	2CR	15.58	7.79CR		15.58	٧	.00
INDEPENDENT FACILITY	14	72	1,130.31	15.70	.001	80.74		.01
@LABORATORY FACILITY	2,138	5 , 834 \$	109,731.46	\$ 18.81	.063 \$		Ċ	1.18
PATHOLOGY	2,137	5,833	109,727.44	18.81	.063	51.35	٧	1.18
XO AND OTHERS	2,137	3 , 633	4.02	4.02	.000	4.02		.00
@ORGANIZED OUTPATIENT CLINIC	24,937	47,514 \$	4,291,689.89	\$ 90.32	.509 \$		Ċ	46.02
CLINIC CLINIC	24 , 93 / 581	2,365	51,523.39	21.79	.025	88.68	ې	.55
CTINIC	201	2,303	31,323.39	21.19	.023	00.08		. 55

89 321 12,873.07 40.10 .003 144.64 .14 SURGICENTER 0 0 .00 HEROIN DETOX CLINIC .00 .000 .00 .00 44,828 4,227,293.43 94.30 .481 172.74 45.33 RURAL HEALTH CLINIC 24,472 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,860 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

	MONTHLY AVERAGE	-
93,260 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS.	/DAYS COST PER COST PER	R
OR DAYS OF CARE PER UNIT/DAY PER I	ELIG USER ELIGIBLE	Ε
@ALL OTHER PROVIDERS 5,553 138,179 \$ 830,884.31 \$ 6.01 1.4	482 \$ 149.63 \$ 8.91	1
DURABLE MED. EQUIP. 188 534 76,309.25 142.90	006 405.90 .82	2
BLOOD BANK 0 0 .00 .00 .00	.00 .00	0
HEARING AID DISPENSERS 31 56 9,821.15 175.38	001 316.81 .11	1
MEDICAL TRANSPORTATION 526 19,985 267,119.10 13.37 .:	214 507.83 2.86	6
AMBULANCES/AIR TRANS 300 8,437 138,003.99 16.36	090 460.01 1.48	8
OTHER TRANS 60 8,888 22,138.09 2.49	095 368.97 .24	4
OTHER SERVICES 220 2,660 106,977.02 40.22	029 486.26 1.15	5
ACUPUNCTURE 981 2,382 40,771.03 17.12	026 41.56 .44	4
ADULT DAY HEALTH CARE CTR 33 332 21,744.84 65.50	004 658.93 .23	3
GENETIC DISEASE TESTING 294 295 22,977.00 77.89	003 78.15 .25	5
IHMC, MODEL-NF, NF, AIDS, MSSP 294 1,824 117,783.31 64.57	020 400.62 1.26	6
OCCUPATIONAL THERAPIST 2 10 159.93 15.99	000 79.97 .00	0
OPTICIAN 824 2,015 22,816.68 11.32	022 27.69 .24	4
PHYSICAL THERAPIST 143 1,246 19,663.82 15.78	013 137.51 .21	1
PORTABLE X-RAY 4 6 7.19 1.20	000 1.80 .00	0
	002 376.87 .22	2
PROSTHETICS 38 151 19,681.34 130.34	002 517.93 .21	1
ORTHOTICS 17 22 1,046.39 47.56	000 61.55 .01	1
PSYCHOLOGIST 19 21 145.55 6.93	000 7.66 .00	0
SPEECH AND AUDIOLOGY 102 192 17,207.21 89.62	002 168.70 .18	8
HOSPICE SERVICES 4 69 7,499.44 108.69	001 1874.86 .08	8
NONINST BIRTHING CENTERS 0 0 .00 .00 .00	.00 .00	0
LOCAL EDUCATION AGENCIES 1,629 9,256 110,624.32 11.95	099 67.91 1.19	9
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00	.00 .00	0
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00	.00 .00	0
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00	.00 .00	0
ALL OTHER PROVIDERS 712 99,783 75,506.76 .76 1.0	070 106.05 .81	1
	038 \$ 3171.38 \$ 13.98	8
@XOVER EXCLUDING STATE HOSP** 2,659 31,431 \$ 387,065.60 \$ 12.31	337 \$ 145.57 \$ 4.15	5

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MENDOCINO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,861 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

						MON	ITHLY AVERAG	E
4,879 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,156	12,218	\$	752,424.77	\$ 61.58	2.504	348.99	\$ 154.22
@PHYSICIANS SERVICES	362	993	\$	47,475.30	\$ 47.81	.204	131.15	\$ 9.73
OUTPATIENT VISITS	132	174		7,439.58	42.76	.036	56.36	1.52
OFFICE VISITS	104	135		4,502.64	33.35	.028	43.29	.92
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10		432.84	43.28	.002	48.09	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	25		2,405.46	96.22	.005	141.50	.49

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	3	4		98.64	4	24.66		.001		32.88		.02
INPATIENT VISITS	28	114		8,127.99	9	71.30		.023		290.29		1.67
HOSPITAL VISITS	24	73		3,689.04	1	50.53		.015		153.71		.76
CRITICAL CARE	7	41		4,438.95	5	108.27		.008		634.14		.91
SNF/ICF/TRANS IP CARE	0	0		.00)	.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	8	10		503.02	2	50.30		.002		62.88		.10
EXAMINATIONS	8	10		503.02	2	50.30		.002		62.88		.10
SERVICES AND MATERIALS	0	0		.00)	.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	27	92		12,261.93	3	133.28		.019		454.15		2.51
PRINCIPAL SURGEON	20	23		10,729.43	3	466.50		.005		536.47		2.20
ASSISTANT SURGEON	1	1		134.77		134.77		.000		134.77		.03
ANESTHESIOLOGIST	8	68		1,397.73	3	20.55		.014		174.72		.29
OUTPATIENT SURGERY	39	180		7,228.49		40.16		.037		185.35		1.48
PRINCIPAL SURGEON	25	36		4,432.79		123.13		.007		177.31		.91
ASSISTANT SURGEON	1	1		107.22		107.22		.000		107.22		.02
ANESTHESIOLOGIST	15	143		2,688.48	3	18.80		.029		179.23		.55
DIALYSIS	0	0		.00)	.00		.000		.00		.00
PATHOLOGY	41	78		1,993.90)	25.56		.016		48.63		.41
RADIOLOGY	165	285		6,679.07	7	23.44		.058		40.48		1.37
PSYCHIATRY	0	0		.00)	.00		.000		.00		.00
IMMUNIZATION AND INJECTION	6	6		241.80)	40.30		.001		40.30		.05
OTHER SERVICES/ALL X-OVERS	40	54		2,999.52	2	55.55		.011		74.99		.61
@PHARMACY	894	3,029	5	103,687.29	9 \$	34.23		.621	\$	115.98	\$	21.25
PRESCRIPTION DRUGS	885	1,849		101,274.61	L	54.77		.379		114.43		20.76
SNF/ICF	0	. 0		.00)	.00		.000		.00		.00
OUTPATIENTS	885	1,849		101,274.61	L	54.77		.379		114.43		20.76
MEDICAL SUPPLIES	31	1,180		2,412.68		2.04		.242		77.83		.49
@DENTIST	105	424 \$	5	14,691.43	3 \$	34.65		.087	\$	139.92	\$	3.01
VISITS - DIAGNOSTIC	82	290		4,845.43	3	16.71		.059		59.09		.99
ORAL SURGERY	18	51		5,162.00)	101.22		.010		286.78		1.06
DRUGS	0	0		.00)	.00		.000		.00		.00
ANESTHESIA	7	7		300.00)	42.86		.001		42.86		.06
PERIODONTICS	1	2		.00)	.00		.000		.00		.00
ENDODONTICS	7	12		1,964.00)	163.67		.002		280.57		.40
RESTORATIVE DENTISTRY	14	47		1,568.00)	33.36		.010		112.00		.32
PROSTHETICS	0	0		.00)	.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00)	.00		.000		.00		.00
SPACE MAINTAINERS	1	2		222.00)	111.00		.000		222.00		.05
MAXILLOFACIAL SERVICES	1	2		.00)	.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00)	.00		.000		.00		.00
ORTHODONTIC SERVICES	10	10		630.00)	63.00		.002		63.00		.13
ALL OTHER SERVICES	1	1		.00)	.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002	THRU	DEC	2002	P	AGE 6,862
MOP024	FEE-FOR-SERVICE/DENTAL	ı										01/17/03

----- MONTHLY AVERAGE -----4,879 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 35 100 \$ 2,294.54 22.95 .020 \$ 65.56 \$.47 DIAGNOSTIC AND ANC. PROCED 27 27 47.45 .006 47.45 .26 1,281.02 EYE APPLIANCES 25 73 1,013.52 13.88 .015 40.54 .21 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .000 33.44 \$ 16.72 .000 \$ 33.44 \$.01 @CHIROPRACTOR 16.72 VISITS 33.44 .000 33.44 .01 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

MENDOCINO COUNTY

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 258.74	\$ 51.75	.001	\$ 64.69	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	4	4	\$ 654.13	\$ 163.53	.001	\$ 163.53	\$.13
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	550	2 , 591	\$ 340,498.61	\$ 131.42	.531	\$ 619.09	\$ 69.79
HOSP INPATIENT TOTAL	39	127	262,905.64	2070.12	.026	6741.17	53.89
HSC HOSPITALS	2	24	591.76	24.66	.005	295.88	.12
NON-HSC HOSPITAL TOTAL	37	103	262,313.88	2546.74	.021	7089.56	53.76
ACCOMMODATIONS	35	103	81,961.98	795.75	.021	2341.77	16.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	103	81,961.98	795.75	.021	2341.77	16.80
ANCILLARIES	37	0	180,351.90	.00	.000	4874.38	36.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	527	2,464	77,592.97	31.49	.505	147.24	15.90
MEDICAL	290	440	23,475.26	53.35	.090	80.95	4.81
SURGERY	42	55	3 , 860.75	70.20	.011	91.92	.79
PATHOLOGY	234	829	10,148.72	12.24	.170	43.37	2.08
RADIOLOGY	136	214	13,348.11	62.37	.044	98.15	2.74
ROOM USE	321	413	17,922.52	43.40	.085	55.83	3.67
CROSSOVERS/ALL OTH OUTPTNT	204	513	8,837.61	17.23	.105	43.32	1.81
@COUNTY HOSPITAL TOTAL	6	44	\$ 1,062.42	\$ 24.15	.009	\$ 177.07	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	44	1,062.42	24.15	.009	177.07	.22
MEDICAL	4	4	79.02	19.76	.001	19.76	.02
SURGERY	2	3	103.60	34.53	.001	51.80	.02
PATHOLOGY	2	8	143.88	17.99	.002	71.94	.03
RADIOLOGY	1	1	56.53	56.53	.000	56.53	.01
ROOM USE	5	9	527.12	58.57	.002	105.42	.11
CROSSOVERS/ALL OTH OUTPINT	3	19	152.27	8.01	.004	50.76	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 6,863
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 44 MIC -	NO SOC 03 04 2A 45 4A 4K	4M 5K 71	82		

----- MONTHLY AVERAGE -----4,879 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 544 2,547 339,436.19 \$ 133.27 .522 \$ 623.96 \$ 69.57 @COMMUNITY HOSPITAL TOTAL 127 COMM HOSP INPATIENT TOTAL 262,905.64 2070.12 .026 6741.17 53.89 HSC HOSPITALS 24 591.76 24.66 .005 295.88 .12 NON-HSC HOSPITALS TOTAL 37 103 262,313.88 2546.74 .021 7089.56 53.76 103 ACCOMMODATIONS 81,961.98 795.75 .021 2341.77 16.80 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 103 81,961.98 795.75 .021 2341.77 16.80 36.96 ANCILLARIES 0 180,351.90 .00 .000 4874.38 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 521 .496 COMM HOSP OUTPATIENT TOTAL 2,420 76,530.55 31.62 146.89 15.69 286 436 23,396.24 53.66 MEDICAL .089 81.81 4.80 3,757.15 SURGERY 40 52 72.25 .011 93.93 .77 232 PATHOLOGY 821 10,004.84 12.19 .168 43.12 2.05 13,291.58 RADIOLOGY 135 213 62.40 .044 98.46 2.72 316 404 17,395.40 43.06 .083 55.05 ROOM USE 3.57 494 8,685.34 17.58 43.21 CROSSOVERS/ALL OTH OUTPTNT .101 1.78 @STATE HOSPITAL 0 .00 \$.00 .000 \$.00 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 LEV B-REGULAR .00 .00 .000 .00 .00 .000 @INTERMEDIATE CARE FACIL.-DD .00 .00 .00 .00 ICF DDH .00 .00 .00 .00 .000 .00 .00 ICF DD .00 .000 .00 0 .00 .00 ICF DDN/DDCN .000 .00 .00 0 .00 .00 .00 @HEMODIALYSIS TOTAL .000 .00 .00 .00 .00 .00 HOSPITAL BASED .000 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 122.49 @REHABILITATION FACILITY 489.96 12.89 .008 .10

.00

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.00

HOSPITAL BASED

INDEPENDENT FACILITY	4	38	489.96)	12.89	.008	122.49		.10
@LABORATORY FACILITY	140	277 \$	6,966.43	\$	25.15	.057	\$ 49.76	\$	1.43
PATHOLOGY	140	277	6,966.43	3	25.15	.057	49.76		1.43
XO AND OTHERS	0	0	.00)	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	948	1,756 \$	145,190.08	\$	82.68	.360	\$ 153.15	\$	29.76
CLINIC	58	302	5,495.82		18.20	.062	94.76		1.13
SURGICENTER	3	13	453.76)	34.90	.003	151.25		.09
HEROIN DETOX CLINIC	0	0	.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC	905	1,441	139,240.50)	96.63	.295	153.86		28.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	' FOR JAN	2002 THRU	DEC 2002	PF	AGE 6,864
MOP024	FEE-FOR-SERVICE/DE	ENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	ES FOR 44 MTC -	NO SOC 03 04 2A 45	4A 4R	4M 5K 7	т 82			

----- MONTHLY AVERAGE -----4,879 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,865 MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC 01/17/03 AID CODE

						[v]	OM.	THLY AVERA	GE:	
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	94	647	\$ 101,877.44	\$ 1	57.46	16.590	\$	1083.80	\$	2612.24
@PHYSICIANS SERVICES	29	121	\$ 5,087.62	\$	42.05	3.103	\$	175.44	\$	130.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	3	3	86.70	28.90	.077	28.90		2.22
OFFICE VISITS	2	2	42.10	21.05	.051	21.05		1.08
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1	44.60	44.60	.026	44.60		1.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	5	16	558.81	34.93	.410	111.76		14.33
HOSPITAL VISITS	5	16	558.81	34.93	.410	111.76		14.33
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
	0	0						
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	_	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	23	1,949.18	84.75	.590	324.86		49.98
PRINCIPAL SURGEON	4	4	1,436.35	359.09	.103	359.09		36.83
ASSISTANT SURGEON	1	1	139.61	139.61	.026	139.61		3.58
ANESTHESIOLOGIST	1	18	373.22	20.73	.462	373.22		9.57
OUTPATIENT SURGERY	5	28	901.19	32.19	.718	180.24		23.11
PRINCIPAL SURGEON	2	5	463.58	92.72	.128	231.79		11.89
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	23	437.61	19.03	.590	145.87		11.22
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	3	4	91.95	22.99	.103	30.65		2.36
RADIOLOGY	16	44	1,381.34	31.39	1.128	86.33		35.42
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
	0	0						
IMMUNIZATION AND INJECTION	7		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	3	3	118.45	39.48	.077	39.48	_	3.04
@PHARMACY	9	18 \$	892.81	\$ 49.60	.462 \$		Ş	22.89
PRESCRIPTION DRUGS	9	18	892.81	49.60	.462	99.20		22.89
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	9	18	892.81	49.60	.462	99.20		22.89
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	13	57 \$	1,506.00	\$ 26.42	1.462 \$	115.85	\$	38.62
VISITS - DIAGNOSTIC	11	40	130.00	3.25	1.026	11.82		3.33
ORAL SURGERY	3	9	745.00	82.78	.231	248.33		19.10
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	2	2	22.00	11.00	.051	11.00		.56
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	1	1	260.00	260.00	.026	260.00		6.67
RESTORATIVE DENTISTRY	3	5	349.00	69.80	.128	116.33		8.95
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
	0	0	.00		.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00				
FRACTURES, DISLOCATIONS	•	•	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2002 THRU DE	C 2002	PA ⁱ	GE 6,866
MOP024	FEE-FOR-SERVICE							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC - S	SOC	AID CO	ODE			
					MON		GE -	
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000			.00
OTHER	0	Ö		.00		.00	.000			.00
@HOME HEALTH AGENCY	0	0	Ś	.00		.00	.000		\$.00
NURSE ANESTHESIST	0	0	Š.	.00		.00	.000		\$.00
NURSE MIDWIFE	1	2	S	41.72		20.86	.051		\$	1.07
PEDIATRIC NURSE PRACTITIONER	0	0	¢	.00		.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ċ	.00		.00	.000		\$.00
@TOTAL HOSPITAL	50	269	\$	86,862.55		322.91	6.897		\$	2227.24
			Ą					•	ې	2033.07
HOSP INPATIENT TOTAL	6 1	24		79,289.90		3303.75	.615			
HSC HOSPITALS		1		1,086.00		1086.00	.026			27.85
NON-HSC HOSPITAL TOTAL	5	23		78,203.90		3400.17	.590			2005.23
ACCOMMODATIONS	5	23		12,830.62		557.85	.590			328.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
ALL OTHER ACCOM	5	23		12,830.62		557.85	.590			328.99
ANCILLARIES	5	0		65 , 373.28		.00	.000			1676.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
HOSP OUTPATIENT TOTAL	45	245		7,572.65		30.91	6.282	168.28		194.17
MEDICAL	28	43		2,377.01		55.28	1.103			60.95
SURGERY	3	3		191.32		63.77	.077	63.77		4.91
PATHOLOGY	30	100		1,007.23		10.07	2.564	33.57		25.83
RADIOLOGY	11	19		2,338.94		123.10	.487	212.63		59.97
ROOM USE	30	40		1,236.11		30.90	1.026	41.20		31.70
CROSSOVERS/ALL OTH OUTPINT	24	40		422.04		10.55	1.026	17.59		10.82
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000			.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
ALL OTHER ACCOM	0	0		.00		.00	.000			.00
ANCILLARIES	0	0		.00		.00	.000			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000			.00
MEDICAL	0	0		.00		.00	.000			.00
SURGERY	0	0		.00		.00	.000			.00
PATHOLOGY	0	0		.00		.00	.000			.00
RADIOLOGY	0	0		.00		.00	.000			.00
	0	0		.00			.000			.00
ROOM USE	0	0		.00		.00	.000			.00
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	· ·	· ·	C MONT						Г	
	MEDI-CAL SERVICES AND		NOM CT	IN-OF-PAIMENT .	VELOR	T FOK JAN	ZUUZ THKU	DEC ZUUZ	P	AGE 6,867
MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE/DENTA		COC			7.7.	CODE			01/17/03
MENDOCINO COUNTI	SUMMARY OF SERVICES F	OV 40 MIC -	300			AID (MONTHLY AVER	CF	

		OR DAYS OF CAR	E		PER UNIT/I	AY PER ELIC	G USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	269	\$	86,862.55	\$ 322.91		\$ 1737.25	\$ 2227.24
COMM HOSP INPATIENT TOTAL	6	24		79,289.90	3303.75	.615	13214.98	2033.07
HSC HOSPITALS	1	1		1,086.00	1086.00	.026	1086.00	27.85
NON-HSC HOSPITALS TOTAL	5	23		78,203.90	3400.17	.590	15640.78	2005.23
ACCOMMODATIONS	5	23		12,830.62	557.85	.590	2566.12	328.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	23		12,830.62	557.85	.590	2566.12	328.99
ANCILLARIES	5	0		65 , 373.28	.00	.000	13074.66	1676.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	45	245		7,572.65	30.91	6.282	168.28	194.17
MEDICAL	28	43		2,377.01	55.28	1.103	84.89	60.95
SURGERY	3	3		191.32	63.77		63.77	4.91
PATHOLOGY	30	100		1,007.23	10.07	2.564	33.57	25.83
RADIOLOGY	11	19		2,338.94	123.10		212.63	59.97
ROOM USE	30	40		1,236.11	30.90	1.026	41.20	31.70
CROSSOVERS/ALL OTH OUTPTNT	24	40		422.04	10.55	1.026	17.59	10.82
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00		.00	.00
DEVELOP. DISABLED	0	0		.00	.00		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$	122.96	\$	24.59	.128	\$	40.99	\$	3.15
PATHOLOGY	3	5		122.96		24.59	.128		40.99		3.15
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	35	\$	2,767.41	\$	79.07	.897	\$	184.49	\$	70.96
CLINIC	1	1		43.00		43.00	.026		43.00		1.10
SURGICENTER	1	5		158.42		31.68	.128		158.42		4.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	29		2,565.99		88.48	.744		197.38		65.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	S MONTH-OF	-PAYMENT F	REPORT	FOR JAN 20	02 THRU	DEC	2002	PF	AGE 6,868
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID COD	E				

39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	140 \$	4,596.37	\$ 32.83	3.590 \$	1149.09	\$ 117.86
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	136	4,526.62	33.28	3.487	1508.87	116.07
AMBULANCES/AIR TRANS	3	135	2,726.62	20.20	3.462	908.87	69.91
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.026	1800.00	46.15
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	4	69.75	17.44	.103	69.75	1.79
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 46 MEDICALL	Y INDIGENT CHILDR	EN		mii	C.P.
4 010 ELICIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON		GE COST PER
4,918 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,250 391 135 106 0	12,865 \$	854,302.21	\$ 66.41	2.616 \$		
@PHYSICIANS SERVICES	2,230 201	1,114 \$	52,562.92	\$ 47.18	.227 \$		
OURDARIENE VICES	391 125	177	7,526.28		.036	55.75	1.53
OUTPATIENT VISITS	135			42.52			
OFFICE VISITS	106	137	4,544.74	33.17	.028	42.87	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	477.44	43.40	.002	47.74	.10
EDEVENTIVE CARE	U	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	17	25	2,405.46	96.22 24.66	.005	141.50	.49
OTHER OUTPATIENT	3	4	98.64	24.66	.001	32.88	.02
INPATIENT VISITS	17 3 33	130	8,686.80	66.82	.026	263.24	1.77
HOSPITAL VISITS	29	89	4,247.85	47.73	.018	146.48	.86
CRITICAL CARE	7	41	4,438.95	108.27	.008	634.14	.90
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	10	503.02	50.30	.002	62.88	.10
EXAMINATIONS	8	10	503.02	50.30	.002	62.88	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8 0 33	115	14,211.11	123.57	.023	430.64	2.89
PRINCIPAL SURGEON	24	27	12,165.78	450.58	.005	506.91	2.47
	2	2	274.38	137.19	.000	137.19	.06
ASSISTANT SURGEON	9	86					
ANESTHESIOLOGIST	_		1,770.95	20.59	.017	196.77	.36
OUTPATIENT SURGERY	44	208	8,129.68	39.09	.042	184.77	1.65
PRINCIPAL SURGEON	27	41	4,896.37	119.42	.008	181.35	1.00
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	18	166	3,126.09	18.83	.034	173.67	.64
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	44	82	2,085.85	25.44	.017	47.41	.42
RADIOLOGY	181	329	8,060.41	24.50	.067	44.53	1.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	6	241.80	40.30	.001	40.30	.05
OTHER SERVICES/ALL X-OVERS	43	57	3,117.97	54.70	.012	72.51	.63
@PHARMACY	903	3,047 \$	104,580.10		.620 \$		
PRESCRIPTION DRUGS		1,867	102,167.42	54.72	.380	114.28	20.77
SNF/ICF	0.51	0	.00	.00	.000	.00	.00
OUTPATIENTS	894	1,867	102,167.42	54.72	.380	114.28	20.77
MEDICAL SUPPLIES	31	1,180	2,412.68	2.04	.240	77.83	.49
@DENTIST	110	481 \$	16,197.43		.098 \$		
VISITS - DIAGNOSTIC	894 0 894 31 118 93	330	4,975.43	15.08	.067	53.50	1.01
VISITS - DIAGNOSTIC	93 21		4,975.43 5,907.00				
ORAL SURGERY		60	- ,	98.45	.012	281.29	1.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	322.00	35.78	.002	35.78	.07
PERIODONTICS	1	2	.00	.00	.000	.00	.00
ENDODONTICS	8	13	2,224.00	171.08	.003	278.00	.45
RESTORATIVE DENTISTRY	17	52	1,917.00	36.87	.011	112.76	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	222.00	111.00	.000	222.00	.05
MAXILLOFACIAL SERVICES	1	2	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	10	10	630.00	63.00	.002	63.00	.13
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M					PAGE 6,870
MODO24	MEDI-CAL SERVI		CIVILI OF LATRICIAL KI	LIONI FOR OAN A	LUUZ IIINU DE	C 2002	0,070

FEE-FOR-SERVICE/DENTAL

01/17/03

MENDOCINO COUNTI	SUMMARI OF SERV	ICES FOR	40 MEDI	гсаппі	INDIGENI CHILDRE	ıIV		M	ONT III		CE	
4 010 BLIGIBLES	HOEDO		ODDIII OI			70 77 7		M			UL	
4,918 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	35		100	\$	2,294.54	\$	22.95	.020	\$	65.56	\$. 47
DIAGNOSTIC AND ANC. PROCED	27		27		1,281.02		47.45	.005		47.45		.26
EYE APPLIANCES	25		73		1,013.52		13.88	.015		40.54		.21
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		2	\$	33.44	\$	16.72	.000	\$	33.44	\$.01
VISITS	1		2		33.44	·	16.72	.000		33.44		.01
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	ς	.00
MEDICINE/INJECTIONS	0		0	т	.00	Τ.	.00	.000	Τ.	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0											
OTHER	U		0	_	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		5	\$		\$	51.75	.001		64.69		.05
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	5		6	\$	695.85	\$	115.98	.001		139.17	\$.14
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	600		2,860	\$		\$	149.43	.582	\$	712.27	\$	86.90
HOSP INPATIENT TOTAL	45		151		342,195.54		2266.20	.031		7604.35		69.58
HSC HOSPITALS	3		25		1,677.76		67.11	.005		559.25		.34
NON-HSC HOSPITAL TOTAL	42		126		340,517.78		2702.52	.026		8107.57		69.24
ACCOMMODATIONS	40		126		94,792.60		752.32	.026		2369.82		19.27
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	40		126		94,792.60		752.32	.026		2369.82		19.27
	42											
ANCILLARIES	42		0		245,725.18		.00	.000		5850.60		49.96
INPATIENT CROSSOVERS	•				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	572		2,709		85,165.62		31.44	.551		148.89		17.32
MEDICAL	318		483		25,852.27		53.52	.098		81.30		5.26
SURGERY	45		58		4,052.07		69.86	.012		90.05		.82
PATHOLOGY	264		929		11,155.95		12.01	.189		42.26		2.27
RADIOLOGY	147		233		15 , 687.05		67.33	.047		106.71		3.19
ROOM USE	351		453		19,158.63		42.29	.092		54.58		3.90
CROSSOVERS/ALL OTH OUTPINT	228		553		9,259.65		16.74	.112		40.61		1.88
@COUNTY HOSPITAL TOTAL	6		44	\$	1,062.42	\$	24.15	.009	\$	177.07	\$.22
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6		44		1,062.42		24.15	.000		177.07		.22
	4				•							
MEDICAL	-		4		79.02		19.76	.001		19.76		.02
SURGERY	2		3		103.60		34.53	.001		51.80		.02
PATHOLOGY	2		8		143.88		17.99	.002		71.94		.03
RADIOLOGY	1		1		56.53		56.53	.000		56.53		.01
ROOM USE	5		9		527.12		58.57	.002		105.42		.11

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

----- MONTHLY AVERAGE ------

4,918 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,872 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

						MO	NTHLY AVERA	GE
4,918 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	246	3 , 139	\$	94,781.19	\$ 30.19	.638	\$ 385.29	\$ 19.27
DURABLE MED. EQUIP.	18	68		32,199.13	473.52	.014	1788.84	6.55
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		143.73	71.87	.000	143.73	.03
MEDICAL TRANSPORTATION	30	957		29,356.58	30.68	.195	978.55	5.97
AMBULANCES/AIR TRANS	30	949		14,956.58	15.76	.193	498.55	3.04
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	8	8		14,400.00	1800.00	.002	1800.00	2.93
ACUPUNCTURE	24	61		1,021.85	16.75	.012	42.58	.21
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9		781.00	86.78	.002	86.78	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	13		194.84	14.99	.003	97.42	.04
OPTICIAN	39	92		886.63	9.64	.019	22.73	.18
PHYSICAL THERAPIST	1	4		69.75	17.44	.001	69.75	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	20		2,773.87	138.69	.004	308.21	.56
PROSTHETICS	8	19		2,685.18	141.33	.004	335.65	.55
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	90		2,912.98	32.37	.018	161.83	.59
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	100	1,822		19,354.16	10.62	.370	193.54	3.94
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		5,086.67	5086.67	.000	5086.67	1.03
@CALIF. CHILDREN SERVICES*	47	164	\$	54,032.52	\$ 329.47	.033	\$ 1149.63	\$ 10.99

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,873 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

								M()N.T.	HLY AVERAC	- ide	
00 ELIGIBLES	USERS	UNITS OF SERVIC	CE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	(COST PER
		OR DAYS OF CAR	RΕ			PEF	R UNIT/DAY	PER ELIG		USER	Ε	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0		\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0		\$.00	\$.00	.000		.00	\$.00
OUTPATIENT VISITS	0	0		т	.00	т	.00	.000	т	.00	Τ.	.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
	0											
HOME VISITS	•	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	-	•										
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
	0	· ·										
OTHER SERVICES/ALL X-OVERS	•	0		_	.00	_	.00	.000		.00		.00
@PHARMACY	0	0	:	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	:	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
	0	0										
DENTURES, STAYPLATES	ŭ	•			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 6,874	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING MENDOCINO COUNTY AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 200	02 THRU DEC	2002	PAGE 6,875
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES I	FOR 47 MIA - NO	SOC - AID PAID PENDIN	G AID CODE	₹		
					14017		_

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR	47 MIA -	- NO	SOC - AID PAID PE	ENDING AID C	ODE			01,11,00
							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	Ō		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Û		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0							
ROOM USE	0				.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	Ċ	.00	.00	.000	.00	ċ	.00
@STATE HOSPITAL	0		-	\$.00	\$.00	.000		Ş	.00
MENTALLY ILL	U		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	0		0	\$		\$.00	.000		Ş	.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	0		0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		\$.00
ICF DDH	0		0		.00	.00	.000	.00		.00
ICF DD	0		0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
XO AND OTHERS	0		0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	.00	\$.00
CLINIC	0		0		.00	.00	.000	.00		.00

Ω .00 .00 .000 .00 .00 SURGICENTER 0 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,876 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MONTHLY AVERAGE				
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00		
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00		
Q+ MOMATO THE MURCE TIMES ARE CIVEN	T AC A CEDA:	DAME TATEODMAMION IMEM ON	TT 37 -						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MENDOCINO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MOI	NTHLY AVERA	GE
66 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	648	\$	52,110.67	\$ 80.42	9.818	\$ 685.67	\$ 789.56
@PHYSICIANS SERVICES	17	49	\$	3,009.97	\$ 61.43	.742	\$ 177.06	\$ 45.61
OUTPATIENT VISITS	4	4		306.86	76.72	.061	76.72	4.65
OFFICE VISITS	1	1		24.00	24.00	.015	24.00	.36
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3		282.86	94.29	.045	94.29	4.29

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		00 .000	.0	0	.00
INPATIENT VISITS	2	3	113.35	37.	78 .045	56.6	8	1.72
HOSPITAL VISITS	2	3	113.35	37.	78 .045	56.6	8	1.72
CRITICAL CARE	0	0	.00		.000	.0	0	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.0	0	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.0	0	.00
EXAMINATIONS	0	0	.00		.000	.0	0	.00
SERVICES AND MATERIALS	0	0	.00		.000	.0	0	.00
INPATIENT HOSPITAL SURGERY	5	27	2,175.94	80.	59 .409	435.1	9	32.97
PRINCIPAL SURGEON	2	2	1,633.28	816.	.030	816.6	4	24.75
ASSISTANT SURGEON	1	1	186.50	186.	50 .015	186.5	0	2.83
ANESTHESIOLOGIST	2	24	356.16	14.	84 .364	178.0	8	5.40
OUTPATIENT SURGERY	1	4	91.20	22.	.061	91.2	0	1.38
PRINCIPAL SURGEON	1	4	91.20	22.	.061	91.2	0	1.38
ASSISTANT SURGEON	0	0	.00		.000	.0	0	.00
ANESTHESIOLOGIST	0	0	.00		.000	.0	0	.00
DIALYSIS	0	0	.00		.000	.0	0	.00
PATHOLOGY	1	1	28.00	28.	00 .015	28.0	0	.42
RADIOLOGY	5	6	150.34	25.	06 .091	30.0	7	2.28
PSYCHIATRY	0	0	.00		.000	.0	0	.00
IMMUNIZATION AND INJECTION	0	0	.00		.000	.0	0	.00
OTHER SERVICES/ALL X-OVERS	3	4	144.28	36.	07 .061	48.0	9	2.19
@PHARMACY	13	25	\$ 622.67	\$ 24.	91 .379	\$ 47.9	0 \$	9.43
PRESCRIPTION DRUGS	13	25	622.67	24.	91 .379	47.9	0	9.43
SNF/ICF	0	0	.00		.000	.0	0	.00
OUTPATIENTS	13	25	622.67	24.	91 .379	47.9	0	9.43
MEDICAL SUPPLIES	0	0	.00		.000	.0	0	.00
@DENTIST	0	0	\$.00	\$.	.000	\$.0	0 \$.00
VISITS - DIAGNOSTIC	0	0	.00		.000	.0	0	.00
ORAL SURGERY	0	0	.00		.000	.0	0	.00
DRUGS	0	0	.00		.000	.0	0	.00
ANESTHESIA	0	0	.00		.000	.0	0	.00

PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	REPOR'			DEC		Р	AGE 6,878
MOP024	FEE-FOR-SERVICE/				(LI OI)	1 1010 01110 2	1002 111110		2002	_	01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI		- NO	O SOC - PRECNANT		AID CO	UDE				01/11/05
MENDOCINO COOMII	SOMMAN OF SERVE	CES FOR 40 MIA	140	J DOC INEGNANT		AID CC	M	ОМТ	HIV AMERA	CF	
66 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/17	ERAGE COST			COST PER		COST PER
00 FILGIBLES	OSEKS			EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
	1	OR DAYS OF CARE		00 20							
@OPTOMETRIST	1	4	\$	90.30	\$.061	Þ	90.30	Þ	1.37
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.015		47.45		.72
EYE APPLIANCES	1	3		42.85		14.28	.045		42.85		.65
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	9	\$	246.51	\$	27.39	.136	\$	27.39	\$	3.74
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$		\$.00
NURSE MIDWIFE	2	2	\$	1,088.56	\$	544.28	.030		544.28	\$	16.49
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			\$.00
@TOTAL HOSPITAL	4.3	372	Ś	39,596.33		106.44	5.636		920.84		599.94
HOSP INPATIENT TOTAL	7	26	Ÿ	32,317.60	۲	1242.98	.394	Y	4616.80	Y	489.66
HSC HOSPITALS	1	3		4,932.00		1644.00	.045		4932.00		74.73
NON-HSC HOSPITAL TOTAL	7	23		27,385.60		1190.68	.348		3912.23		414.93
	7	23		•		430.14			1648.87		
ACCOMMODATIONS	0	23		9,893.22			.348				149.90
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	23		9,893.22		430.14	.348		1648.87		149.90
ANCILLARIES	.7	0		17,492.38		.00	.000		2498.91		265.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	39	346		7,278.73		21.04	5.242		186.63		110.28
MEDICAL	8	9		479.42		53.27	.136		59.93		7.26
SURGERY	0	0		7.47		.00	.000		.00		.11
PATHOLOGY	18	57		564.63		9.91	.864		31.37		8.56
RADIOLOGY	9	10		507.89		50.79	.152		56.43		7.70
ROOM USE	17	34		900.52		26.49	.515		52.97		13.64
CROSSOVERS/ALL OTH OUTPTNT	19	236		4,818.80		20.42	3.576		253.62		73.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ő		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
1100011101111110110	ŏ	· ·		.00		• • • •	• 0 0 0		• 0 0		• 0 0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 6,879
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	R 48 MIA -	NO SOC - PREGNANT	AID CC	DE		
					MON	THLY AVERAG	E
66 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

66 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AVERAGE COST		COST PER	1011	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	372	\$	39,596.33	\$ 106.44	5.636	\$ 920.84	\$	599.94
COMM HOSP INPATIENT TOTAL	7	26		32,317.60	1242.98	.394	4616.80		489.66
HSC HOSPITALS	1	3		4,932.00	1644.00	.045	4932.00		74.73
NON-HSC HOSPITALS TOTAL	7	23		27,385.60	1190.68	.348	3912.23		414.93
ACCOMMODATIONS	6	23		9,893.22	430.14	.348	1648.87		149.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	23		9,893.22	430.14	.348	1648.87		149.90
ANCILLARIES	7	0		17,492.38	.00	.000	2498.91		265.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	39	346		7,278.73	21.04	5.242	186.63		110.28
MEDICAL	8	9		479.42	53.27	.136	59.93		7.26
SURGERY	0	0		7.47	.00	.000	.00		.11
PATHOLOGY	18	57		564.63	9.91	.864	31.37		8.56
RADIOLOGY	9	10		507.89	50.79	.152	56.43		7.70
ROOM USE	17	34		900.52	26.49	.515	52.97		13.64
CROSSOVERS/ALL OTH OUTPINT	19	236		4,818.80	20.42	3.576	253.62		73.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	7	11	\$	161.28	\$	14.66	.167	\$ 23.04	\$	2.44
PATHOLOGY	7	11		161.28		14.66	.167	23.04		2.44
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$	3,738.17	\$	101.03	.561	\$ 169.92	\$	56.64
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	22	37		3,738.17		101.03	.561	169.92		56.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURE	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P	AGE 6,880
MOP024	FEE-FOR-SERVICE/DENTA	AL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES E	FOR 48 MIA -	- NO SOC	- PREGNANT		AID C	ODE			
							M	MONTHLY AVER	AGE	
66 ELIGIBLES	USERS UNITS	S OF SERVICE	E	XPENDITURES	AVE	ERAGE COST	UNITS/DAY	S COST PER		COST PER

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	139 \$	3,556.88	\$ 25.59	2.106 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	131	3,133.76	23.92	1.985	3133.76	47.48
AMBULANCES/AIR TRANS	1	130	1,858.76	14.30	1.970	1858.76	28.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.015	1275.00	19.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6	404.00	67.33	.091	67.33	6.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.030	19.12	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3 \$,	\$ 1647.29	.045 \$	4941.88	•
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,881 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M	DIV.T.	HLY AVERA	GE:	
66 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	Ē		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	76	648	\$	52,110.67	\$	80.42	9.818	\$	685.67	\$	789.56
@PHYSICIANS SERVICES	17	49	\$	3,009.97	\$	61.43	.742	\$	177.06	\$	45.61

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	4	4		306.86		76.72	.061		76.72		4.65
OFFICE VISITS	1	1		24.00		24.00	.015		24.00		.36
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	3	3		282.86		94.29	.045		94.29		4.29
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	3		113.35		37.78	.045		56.68		1.72
HOSPITAL VISITS	2	3		113.35		37.78	.045		56.68		1.72
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	27		2,175.94		80.59	.409		435.19		32.97
PRINCIPAL SURGEON	2	2		1,633.28		816.64	.030		816.64		24.75
ASSISTANT SURGEON	1	1		186.50		186.50	.015		186.50		2.83
ANESTHESIOLOGIST	2	24		356.16		14.84	.364		178.08		5.40
OUTPATIENT SURGERY	1	4		91.20		22.80	.061		91.20		1.38
PRINCIPAL SURGEON	1	4		91.20		22.80	.061		91.20		1.38
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0									
DIALYSIS	1	1		.00		.00	.000		.00		.00
PATHOLOGY		Ι		28.00		28.00	.015		28.00		.42
RADIOLOGY	0	6		150.34		25.06	.091		30.07		2.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	-	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4	_	144.28	_	36.07	.061	_	48.09	_	2.19
@PHARMACY	13	25	\$	622.67	\$	24.91	.379	\$	47.90	Ş	9.43
PRESCRIPTION DRUGS	13	25		622.67		24.91	.379		47.90		9.43
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	25		622.67		24.91	.379		47.90		9.43
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	-	RES MONTH-OF		EPORT			DEC		PAGE	6,882
MOP024	FEE-FOR-SERVICE/DENTAL	2112 1 1 01	110111111 01			2010 01110 2002	111110	200	2002		1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	49 AT.T.	MTA - NO SO	OC.						O	1,11,00
1121.2001110 0001111	SOLUTION OF SHIRVESHOP FOR	1 - 11111	11111 110 00					(ONTEN		CE	

EYE APPLIANCES	1	3	42.85	14.28	.045	42.85	.65
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	9	9	\$ 246.51	\$ 27.39	.136	\$ 27.39	\$ 3.74
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	2	\$ 1,088.56	\$ 544.28	.030	\$ 544.28	\$ 16.49
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	43	372	\$ 39,596.33	\$ 106.44	5.636	\$ 920.84	\$ 599.94
HOSP INPATIENT TOTAL	7	26	32,317.60	1242.98	.394	4616.80	489.66
HSC HOSPITALS	1	3	4,932.00	1644.00	.045	4932.00	74.73
NON-HSC HOSPITAL TOTAL	7	23	27,385.60	1190.68	.348	3912.23	414.93
ACCOMMODATIONS	6	23	9,893.22	430.14	.348	1648.87	149.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	23	9,893.22	430.14	.348	1648.87	149.90
ANCILLARIES	7	0	17,492.38	.00	.000	2498.91	265.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	346	7,278.73	21.04	5.242	186.63	110.28
MEDICAL	8	9	479.42	53.27	.136	59.93	7.26
SURGERY	0	0	7.47	.00	.000	.00	.11
PATHOLOGY	18	57	564.63	9.91	.864	31.37	8.56
RADIOLOGY	9	10	507.89	50.79	.152	56.43	7.70
ROOM USE	17	34	900.52	26.49	.515	52.97	13.64

CROSSOVERS/ALL OTH OUTPTNT	19	236	4,818.80	20.42	3.576	253.62	73.01
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 6,883
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	49 ALL MI	A - NO SOC				. , ,

MENDOCINO COUNTI	SOMMANT OF SER	VICES FOR 49 ALL	MITA	NO SOC					
							NTHLY AVERA	-	
66 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	372	\$	39 , 596.33	\$ 106.44	5.636	\$ 920.84	\$	599.94
COMM HOSP INPATIENT TOTAL	7	26		32 , 317.60	1242.98	.394	4616.80		489.66
HSC HOSPITALS	1	3		4,932.00	1644.00	.045	4932.00		74.73
NON-HSC HOSPITALS TOTAL	7	23		27,385.60	1190.68	.348	3912.23		414.93
ACCOMMODATIONS	6	23		9,893.22	430.14	.348	1648.87		149.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	23		9,893.22	430.14	.348	1648.87		149.90
ANCILLARIES	7	0		17,492.38	.00	.000	2498.91		265.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	39	346		7,278.73	21.04	5.242	186.63		110.28
MEDICAL	8	9		479.42	53.27	.136	59.93		7.26
SURGERY	0	0		7.47	.00	.000	.00		.11
PATHOLOGY	18	57		564.63	9.91	.864	31.37		8.56
RADIOLOGY	9	10		507.89	50.79	.152	56.43		7.70
ROOM USE	17	34		900.52	26.49	.515	52.97		13.64
CROSSOVERS/ALL OTH OUTPTNT	19	236		4,818.80	20.42	3.576	253.62		73.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	7	11	\$	161.28	\$	14.66	.167	\$	23.04	\$	2.44
PATHOLOGY	7	11		161.28	}	14.66	.167		23.04		2.44
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$	3,738.17	7 \$	101.03	.561	\$	169.92	\$	56.64
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	22	37		3,738.17	7	101.03	.561		169.92		56.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUF	RES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 6,884
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SC	C							

----- MONTHLY AVERAGE -----66 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 8 139 3,556.88 25.59 2.106 \$ 444.61 \$ 53.89 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .00 3,133.76 23.92 3133.76 MEDICAL TRANSPORTATION 131 1.985 130 1,858.76 14.30 1.970 1858.76 28.16 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 1 1,275.00 1275.00 .015 1275.00 19.32 .00 .00 .00 ACUPUNCTURE .00 .000 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 404.00 67.33 .091 67.33 6.12 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 OPTICIAN 19.12 9.56 .030 19.12 .29 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .000 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* 4,941.88 \$ 1647.29 .045 \$ 4941.88 \$ 74.88 0 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 50 MIA - SOC	- LTC	AID CO			
					MON'		
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	36	773 \$	73,448.01	\$ 95.02	33.609 \$		\$ 3193.39
@PHYSICIANS SERVICES	13	27 \$	1,548.66	\$ 57.36	1.174 \$		\$ 67.33
OUTPATIENT VISITS	4	4	215.96	53.99	.174	53.99	9.39
OFFICE VISITS	2	2	83.50	41.75	.087	41.75	3.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.087	66.23	5.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	53.70	26.85	.087	26.85	2.33
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.087	26.85	2.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0				279.72	
OUTPATIENT SURGERY	3	5	839.17 839.17	167.83	.217		36.49
PRINCIPAL SURGEON	0	0		167.83	.217	279.72	36.49
ASSISTANT SURGEON	•	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	· ·	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1_	1	48.20	48.20	.043	48.20	2.10
RADIOLOGY	5	12	320.79	26.73	.522	64.16	13.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	70.84	23.61	.130	70.84	3.08
@PHARMACY	23	137 \$	10,197.37	\$ 74.43	5.957 \$	443.36	\$ 443.36
PRESCRIPTION DRUGS	23	137	10,197.37	74.43	5.957	443.36	443.36
SNF/ICF	20	130	9,237.37	71.06	5.652	461.87	401.62
OUTPATIENTS	4	7	960.00	137.14	.304	240.00	41.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8 \$	720.00	\$ 90.00	.348 \$	240.00	\$ 31.30
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.174	60.00	5.22
ORAL SURGERY	1	4	600.00	150.00	.174	600.00	26.09
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	n	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	U CES AND EXPENDITURES MON					PAGE 6,886
MOP024	FEE-FOR-SERVICE		TH OF TATMENT KI	LIONI FON UAN A	LOUZ THING DEG	2002	01/17/03

MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA -	- 800 -	LTC		AID CC		ONTEN:		C.E.	
00			~					M			ŒĽ.	
23 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST					COST PER
		OR DAYS	OF CARE	_			UNIT/DAY	PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15		53	\$	960.81	\$	18.13	2.304	\$	64.05	\$	41.77
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15		53		960.81		18.13	2.304		64.05		41.77
MEDICAL	1		1		73.40		73.40	.043		73.40		3.19
SURGERY	0		0		1.85		.00	.000		.00		.08
PATHOLOGY	15		47		664.29		14.13	2.043		44.29		28.88
RADIOLOGY	1		1		94.09		94.09	.043		94.09		4.09
ROOM USE	1		2		74.21		37.11	.087		74.21		3.23
CROSSOVERS/ALL OTH OUTPTNT	<u></u>		2		52.97		26.49	.087		52.97		2.30
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	·	.00	.000	•	.00	·	.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ō		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Ö		Ő		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
TOOLI OPE	O		J		.00		.00	.000		.00		• 0 0

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,887

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

1101 011	122 101 021 102 221112	
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC	AID CODE

		MONTHLY AV				HLY AVERA	GE.				
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	53	\$	960.81	\$	18.13	2.304	\$	64.05	\$	41.77
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	15	53		960.81		18.13	2.304		64.05		41.77
MEDICAL	1	1		73.40		73.40	.043		73.40		3.19
SURGERY	0	0		1.85		.00	.000		.00		.08
PATHOLOGY	15	47		664.29		14.13	2.043		44.29		28.88
RADIOLOGY	1	1		94.09		94.09	.043		94.09		4.09
ROOM USE	1	2		74.21		37.11	.087		74.21		3.23
CROSSOVERS/ALL OTH OUTPTNT	1	2		52.97		26.49	.087		52.97		2.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	504	\$	56 , 949.80	\$	113.00	21.913	\$	2997.36	\$	2476.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	504		56,949.80		113.00	21.913		2997.36		2476.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	62.94	\$	15.74	.174	\$	62.94	\$	2.74
PATHOLOGY	1	4		62.94		15.74	.174		62.94		2.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	28	\$	2,863.06	\$	102.25	1.217	\$	220.24	\$	124.48
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	28		2,863.06		102.25	1.217		220.24		124.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH-OF	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 6,888
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	50 MI <i>P</i>	A - SOC - LTC			AID (CODE				
										~-	

MENDOCINO COUNTI	SOMMAKI OF SEK	VICES FOR JU MIA -	300 -	штс	AID CC	שטט		
						MON	THLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	12	\$	145.37	\$ 12.11	.522 \$	48.46	\$ 6.32
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	9		87.28	9.70	.391	43.64	3.79
AMBULANCES/AIR TRANS	1	4		64.43	16.11	.174	64.43	2.80
OTHER TRANS	1	5		22.85	4.57	.217	22.85	.99
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	3		58.09	19.36	.130	58.09	2.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 3 \$ 70.84 \$ 23.61 .130 \$ 70.84 \$ 3.08

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,889 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

					MONT	MONTHLY AVERAGE			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	1	1 \$	30.45	\$ 30.45	.000 \$	30.45	.00		
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00		
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	.00		
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	0	0	.00	.00	.000	.00	.00		
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00		
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	.00		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00		
ORAL SURGERY	0	0	.00	.00	.000	.00	.00		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	6,890
MOP024	FEE-FOR-SERVICE/DENTAL						01,	/17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

MENDOCINO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 30.45 \$ 30.45 .000 \$ 30.45 \$.00 1 30.45 30.45 .000 30.45 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES 0 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 \$.000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 Ś .00 Ś .00 .000 .00 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 6,891
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA -	SOC - PREGNANT	AID COI			
MOP024	FEE-FOR-SERVICE/DENTAL)E	2002	01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR	51 MIA -	- SOC ·	- PREGNANT		AID CO	ODE				
								M	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS	OF CARE			PER U	NIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00	·	.00	.000		.00	·	.00
INDEPENDENT FACILITY	Ō		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	•	.00	•	.00	.000	•	.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0	•	.00	•	.00	.000		.00		.00
	· ·		-		• • •							

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	C 2002	PAGE 6,892
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	OC - PREGNANT	AID CODE			

					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

PAGE 6,893

01/17/03

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 52 ALI	MIA	- SOC					
						MON		-	
23 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	37	774	\$	73,478.46	\$ 94.93	33.652 \$			3194.72
@PHYSICIANS SERVICES	13	27	\$	1,548.66	\$ 57.36	1.174 \$		\$	67.33
OUTPATIENT VISITS	4	4		215.96	53.99	.174	53.99		9.39
OFFICE VISITS	2	2		83.50	41.75	.087	41.75		3.63
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		132.46	66.23	.087	66.23		5.76
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	2	2		53.70	26.85	.087	26.85		2.33
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	2	2		53.70	26.85	.087	26.85		2.33
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	3	5		839.17	167.83	.217	279.72		36.49
PRINCIPAL SURGEON	3	5		839.17	167.83	.217	279.72		36.49
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		48.20	48.20	.043	48.20		2.10
RADIOLOGY	5	12		320.79	26.73	.522	64.16		13.95
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	3		70.84	23.61	.130	70.84		3.08
@PHARMACY	23	137	\$	10,197.37	\$ 74.43	5.957 \$	443.36	\$	443.36
PRESCRIPTION DRUGS	23	137		10,197.37	74.43	5.957	443.36		443.36
SNF/ICF	20	130		9,237.37	71.06	5.652	461.87		401.62
OUTPATIENTS	4	7		960.00	137.14	.304	240.00		41.74
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	3	8	\$	720.00	\$ 90.00	.348 \$		\$	31.30
VISITS - DIAGNOSTIC	2	4	•	120.00	30.00	.174	60.00		5.22
ORAL SURGERY	1	4		600.00	150.00	.174	600.00		26.09
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 6,894
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA .	- SOC			M		HLY AVERA	CE	
22 ELICIDIES	USERS	INTES OF SERVICE	,	EXPENDITURES	7/ 7/ 7	TDACE COCE			COST PER	-	COST PER
23 ELIGIBLES	USEKS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITORES		ERAGE COST R UNIT/DAY		-	USER		ELIGIBLE
@OPTOMETRIST	1			30.45	\$	30.45	.043		30.45	\$	1.32
DIAGNOSTIC AND ANC. PROCED	1	1 1	\$	30.45	Ą	30.45	.043	Ą	30.45	Ą	1.32
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	Ś	.00		\$.00	Ś	.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ś	.00		Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	ċ	.00	ċ	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$ \$.00	۶ \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	ب خ	.00	۶ \$.00	.000	\$.00	۶ \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	ر د	.00	\$.00	.000	۶ S	.00	\$ \$.00
FAMILY NURSE PRACTITIONER	0	0	۶ \$.00	۶ \$.00	.000	\$.00	۶ \$.00
@TOTAL HOSPITAL	15	53	ې خ	960.81	۶ \$	18.13	2.304	\$	64.05	۶ S	41.77
HOSP INPATIENT TOTAL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15	53		960.81		18.13	2.304		64.05		41.77
MEDICAL	1	1		73.40		73.40	.043		73.40		3.19
SURGERY	0	0		1.85		.00	.000		.00		.08
PATHOLOGY	15	47		664.29		14.13	2.043		44.29		28.88
RADIOLOGY	1	1		94.09		94.09	.043		94.09		4.09
ROOM USE	1	2		74.21		37.11	.087		74.21		3.23
CROSSOVERS/ALL OTH OUTPTNT	1	2		52.97		26.49	.087		52.97		2.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	٧	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
1100011101111110110	· ·	O O		• • • •		• • • •	• 0 0 0		• 0 0		• 0 0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 6,895
MOP024	FEE-FOR-SERVICE/DENTA	_					01/17/03
MENDOCTNO COUNTRY	CHMMADY OF CEDITORS FO	D EO ATT MT	7 000				

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

FIEINDOCTINO COONTT	DOMMAN OF DER	VICES FOR 52 ALL	LILA	500			M	ТИС	HLY AVERA	GE	
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST				-	COST PER
	******	OR DAYS OF CARE				R UNIT/DAY	,	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	53	\$	960.81	\$	18.13	2.304	\$	64.05	\$	41.77
COMM HOSP INPATIENT TOTAL	0	0		.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	15	53		960.81		18.13	2.304		64.05		41.77
MEDICAL	1	1		73.40		73.40	.043		73.40		3.19
SURGERY	0	0		1.85		.00	.000		.00		.08
PATHOLOGY	15	47		664.29		14.13	2.043		44.29		28.88
RADIOLOGY	1	1		94.09		94.09	.043		94.09		4.09
ROOM USE	1	2		74.21		37.11	.087		74.21		3.23
CROSSOVERS/ALL OTH OUTPINT	1	2		52.97		26.49	.087		52.97		2.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	504	\$	56,949.80	\$	113.00	21.913	\$	2997.36	\$	2476.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	504		56,949.80		113.00	21.913		2997.36		2476.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4 \$	62.94	\$	15.74	.174	\$	62.94	\$	2.74
PATHOLOGY	1	4	62.94		15.74	.174		62.94		2.74
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	28 \$	2,863.06	\$	102.25	1.217	\$	220.24	\$	124.48
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	28	2,863.06		102.25	1.217		220.24		124.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2	002	PΑ	AGE 6,896
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03
MENDOCTNO COUNTY	CHMMADY OF CEDITOR	C DOD EO ATT MT	7 202							

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

PIBNOCTIVO COONTI	SOMMANT OF SER	VICES FOR 52 ADD M	IIA	500				
						MON		-
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	12	\$	145.37	\$ 12.11	.522		\$ 6.32
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	9		87.28	9.70	.391	43.64	3.79
AMBULANCES/AIR TRANS	1	4		64.43	16.11	.174	64.43	2.80
OTHER TRANS	1	5		22.85	4.57	.217	22.85	.99
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	3		58.09	19.36	.130	58.09	2.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$	70.84	\$ 23.61	.130	70.84	\$ 3.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,897 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	1GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		S MONTH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 6,898 01/17/03

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

MENDOCINO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 . 00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 0 .000 RADIO./PATHOLOGY .00 .00 .00 .00 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .000 \$.00 .00 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.	00	.000	\$.00	\$.	0.0
CO HOSPITAL INPATIENT TOTAL	0	0		.00		00	.000	.00		0.0
HSC HOSPITALS	0	0		.00		00	.000	.00		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00		00	.000	.00		0.0
ACCOMMODATIONS	0	0		.00		00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		00	.000	.00		.00
ANCILLARIES	0	0		.00		00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		00	.000	.00		.00
MEDICAL	0	0		.00		00	.000	.00		.00
SURGERY	0	0		.00		00	.000	.00		.00
PATHOLOGY	0	0		.00		00	.000	.00		.00
RADIOLOGY	0	0		.00		00	.000	.00		.00
ROOM USE	0	0		.00		00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT RE	PORT FOR	JAN 200	2 THRU D	EC 2002	PAGE 6	, 899
MOP024	FEE-FOR-SERVICE/DENTAL								01/1	7/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE							

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	R
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.0	0
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	0
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	0
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
MEDICAL	0	0	.00	.00	.000	.00	.0	0
SURGERY	0	0	.00	.00	.000	.00	.0	0
PATHOLOGY	0	0	.00	.00	.000	.00	.0	0
RADIOLOGY	0	0	.00	.00	.000	.00	.0	0
ROOM USE	0	0	.00	.00	.000	.00	.0	0
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	0
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.0	0
MENTALLY ILL	0	0	.00	.00	.000	.00	.0	0
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.0	0
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.0	0
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.0	0
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.0	0
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.0	0
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.0	0
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
LEV B-REGULAR	0	0	.00	.00	.000	.00	.0	0
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.0	0
ICF DDH	0	0	.00	.00	.000	.00	.0	0
ICF DD	0	0	.00	.00	.000	.00	.0	0

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURI	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	6,900
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	53 FOR 1	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS				
00 81 1018180	HOEDO	INTEG OF GERVICE		ALIEDACE COGE	MON'		
89 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OMOMAL ALL DDOMIDEDC	113	OR DAYS OF CARE	105 500 10	PER UNIT/DAY \$ 88.32		USER	ELIGIBLE \$ 1411.11
• • •	30	1,422 \$ 76 \$	125,589.13				
@PHYSICIANS SERVICES		•	4,558.63	\$ 59.98	.854 \$		
OUTPATIENT VISITS	8	8	522.82	65.35	.090	65.35	5.87
OFFICE VISITS	3	3	107.50	35.83	.034	35.83	1.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	132.46	66.23	.022	66.23	1.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	282.86	94.29	.034	94.29	3.18
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	167.05	33.41	.056	41.76	1.88
HOSPITAL VISITS	2	3	113.35	37.78	.034	56.68	1.27
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	53.70	26.85	.022	26.85	.60
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	2,175.94	80.59	.303	435.19	24.45
PRINCIPAL SURGEON	2	2	1,633.28	816.64	.022	816.64	18.35
	2	1					
ASSISTANT SURGEON	1		186.50	186.50	.011	186.50	2.10
ANESTHESIOLOGIST	2	24	356.16	14.84	.270	178.08	4.00
OUTPATIENT SURGERY	4	9	930.37	103.37	.101	232.59	10.45
PRINCIPAL SURGEON	4	9	930.37	103.37	.101	232.59	10.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	76.20	38.10	.022	38.10	.86
RADIOLOGY	10	18	471.13	26.17	.202	47.11	5.29
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	7	215.12	30.73	.079	53.78	2.42
	36	162 \$	10,820.04	\$ 66.79	1.820 \$		
PRESCRIPTION DRUGS	36	162	10,820.04	66.79	1.820	300.56	121.57
SNF/ICF	20	130	9,237.37	71.06	1.461	461.87	103.79
OUTPATIENTS	17	32	1,582.67	49.46	.360	93.10	17.78
MEDICAL SUPPLIES	17	0	.00	.00	.000	.00	.00
@DENTIST	3	8 \$	720.00	\$ 90.00	.090 \$		
VISITS - DIAGNOSTIC	36 36 20 17 0 3 2 1 0 0	4	120.00	30.00	.045	60.00	1.35
VISIIS - DIAGNOSIIC		4	600.00			600.00	6.74
ORAL SURGERY	1	0		150.00	.045		.00
DRUGS	0	0	.00			.00	
ANESTHESIA	U		.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MO					PAGE 6,902
MODO24	THE EOD CEDITOR		OI IMITUMI IN				01/17/02

FEE-FOR-SERVICE/DENTAL

01/17/03

THINDOCING COONTI	BOTHERT OF BEIN	VICED TOIL ST	THDICT		INDIGENI ADOLIS			M	\bigcirc NIT	THLY AVERA	CE	
89 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPENDITURES	7\ \ 7	ERAGE COST			COST PER		COST PER
O ELIGIBLES	02512	OR DAYS OF			EXFENDITORES		R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	2	OK DAIS OF	5 \$		120.75	\$	24.15	.056		60.38		1.36
DIAGNOSTIC AND ANC. PROCED	2		2 2	,	77.90	۲	38.95	.022	۲	38.95	۲	.88
EYE APPLIANCES	1		2		42.85		14.28	.034		42.85		.48
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 \$.00	Ś	.00	.000	Ċ	.00	Ś	.00
VISITS	0		0 7	,	.00	۲	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 \$.00	Ċ	.00	.000	Ċ	.00	Ś	.00
MEDICINE/INJECTIONS	0		0 7	,	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 ¢		246.51	Ċ	27.39	.101	Ċ	27.39	Ś	2.77
NURSE ANESTHESIST	0) Y	,	.00	¢	.00	.000	\$.00	Ċ	.00
NURSE MIDWIFE	2		2 \$		1,088.56	¢	544.28	.022	ς ς	544.28	¢	12.23
PEDIATRIC NURSE PRACTITIONER	0		2 Y		.00	¢	.00	.000	ς ς	.00	¢	.00
FAMILY NURSE PRACTITIONER	. 0		0 9		.00	¢	.00	.000	¢	.00	¢	.00
@TOTAL HOSPITAL	58	42	5 5		40,557.14	¢	95.43	4.775	Š	699.26	¢	455.70
HOSP INPATIENT TOTAL	7		6		32,317.60	۲	1242.98	.292	Ψ	4616.80	٧	363.12
HSC HOSPITALS	1		3		4,932.00		1644.00	.034		4932.00		55.42
NON-HSC HOSPITAL TOTAL	7		3		27,385.60		1190.68	.258		3912.23		307.70
ACCOMMODATIONS	6		3		9,893.22		430.14	.258		1648.87		111.16
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	2	3		9,893.22		430.14	.258		1648.87		111.16
ANCILLARIES	7	2	0		17,492.38		.00	.000		2498.91		196.54
INPATIENT CROSSOVERS	ń		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
THE VIHER INTITION	· ·		~		• 0 0		• • • •	• 0 0 0		• 50		• • • •

HOSP OUTPATIENT TOTAL	54	399		8,239.54	20.65	4.483	152.58	92.58
MEDICAL	9	10		552.82	55.28	.112	61.42	6.21
SURGERY	0	0		9.32	.00	.000	.00	.10
PATHOLOGY	33	104		1,228.92	11.82	1.169	37.24	13.81
RADIOLOGY	10	11		601.98	54.73	.124	60.20	6.76
ROOM USE	18	36		974.73	27.08	.404	54.15	10.95
CROSSOVERS/ALL OTH OUTPTNT	20	238		4,871.77	20.47	2.674	243.59	54.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,903
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALLY	INDIGENT ADULTS				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 89 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 425 95.43 4.775 \$ 699.26 \$ 455.70 @COMMUNITY HOSPITAL TOTAL 58 40,557.14 7 363.12 COMM HOSP INPATIENT TOTAL 26 32,317.60 1242.98 .292 4616.80 4932.00 HSC HOSPITALS 4,932.00 1644.00 .034 55.42 NON-HSC HOSPITALS TOTAL 23 27,385.60 1190.68 .258 3912.23 307.70 23 9,893.22 430.14 .258 1648.87 111.16 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 9,893.22 430.14 .258 1648.87 111.16 .000 ANCILLARIES 0 17,492.38 .00 2498.91 196.54 .00 INPATIENT CROSSOVERS 0 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 399 8,239.54 20.65 4.483 152.58 92.58 MEDICAL 1.0 552.82 55.28 .112 61.42 6.21 SURGERY 9.32 .00 .000 .00 .10 33 37.24 PATHOLOGY 104 1,228.92 11.82 13.81 1.169 10 RADIOLOGY 11 601.98 54.73 .124 60.20 6.76 36 ROOM USE 974.73 27.08 .404 54.15 10.95 CROSSOVERS/ALL OTH OUTPTNT 238 4,871.77 20.47 2.674 243.59 54.74 0 .00 .00 \$ @STATE HOSPITAL .00 .000 \$.00 0 0 .00 .000 MENTALLY ILL .00 .00 .00 DEVELOP. DISABLED .00 0 .00 .00 .000 .00 19 56,949.80 504 113.00 5.663 \$ 2997.36 \$ 639.89 @NURSING FACILITY LEV A-INTERMEDIATE 0 0 .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	504		56,949.80		113.00	5.663		2997.36		639.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	15	\$	224.22	\$	14.95	.169	\$	28.03	\$	2.52
PATHOLOGY	8	15		224.22		14.95	.169		28.03		2.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35	65	\$	6,601.23	\$	101.56	.730	\$	188.61	\$	74.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	35	65		6,601.23		101.56	.730		188.61		74.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 6,904
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	54 ME	DICALLY	INDIGENT ADULTS							

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR 34 MED.	ГСАППІ	INDIGENI ADULIS				
						MON		
89 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARI	€		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	151	\$	3,702.25	\$ 24.52	1.697	336.57	\$ 41.60
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	140		3,221.04	23.01	1.573	1073.68	36.19
AMBULANCES/AIR TRANS	2	134		1,923.19	14.35	1.506	961.60	21.61
OTHER TRANS	1	5		22.85	4.57	.056	22.85	.26
OTHER SERVICES	1	1		1,275.00	1275.00	.011	1275.00	14.33
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	6	6		404.00	67.33	.067	67.33	4.54
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	5		77.21	15.44	.056	38.61	.87
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3	\$	4,941.88	\$ 1647.29	.034	4941.88	\$ 55.53

3 \$ 70.84 \$ 23.61 .034 \$ 70.84 \$.80 @XOVER EXCLUDING STATE HOSP** 1

01/17/03

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,905 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

					MON	THLY AVERA	.GE
16,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,248	264,493 \$	11,533,211.17	\$ 43.60	16.458 \$		
@PHYSICIANS SERVICES	2,339	6,305 \$	105,587.91	\$ 16.75	.392 \$		
OUTPATIENT VISITS	56	77	2,322.54	30.16	.005	41.47	.14
OFFICE VISITS	54	74	2,215.02	29.93	.005	41.02	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	89.20	44.60	.000	89.20	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	18.32	18.32	.000	18.32	.00
INPATIENT VISITS	8	29	1,062.35	36.63	.002	132.79	.00
	8	28		35.84		125.43	
HOSPITAL VISITS	8	28	1,003.45	58.90	.002	58.90	.06
CRITICAL CARE	0	0	58.90		.000		.00
SNF/ICF/TRANS IP CARE	17		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		22	914.92	41.59	.001	53.82	.06
EXAMINATIONS	17	22	914.92	41.59	.001	53.82	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	23	1,799.30	78.23	.001	359.86	.11
PRINCIPAL SURGEON	4	5	1,186.88	237.38	.000	296.72	.07
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.01
ANESTHESIOLOGIST	1	17	505.20	29.72	.001	505.20	.03
OUTPATIENT SURGERY	22	84	8,843.91	105.28	.005	402.00	.55
PRINCIPAL SURGEON	17	17	7,516.06	442.12	.001	442.12	.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	67	1,327.85	19.82	.004	147.54	.08
DIALYSIS	7	15	3,106.77	207.12	.001	443.82	.19
PATHOLOGY	11	18	330.30	18.35	.001	30.03	.02
RADIOLOGY	54	7 4	3,401.20	45.96	.005	62.99	.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	54.38	10.88	.000	18.13	.00
OTHER SERVICES/ALL X-OVERS	2,212	5,958	83,752.24	14.06	.371	37.86	5.21
@PHARMACY	10,678	99,111 \$		\$ 31.51	6.167 \$		
PRESCRIPTION DRUGS	10,573	44,848	3,045,444.11	67.91	2.791	288.04	189.50
SNF/ICF	2,039	12,450	681,477.96	54.74	.775	334.22	42.40
OUTPATIENTS	8,598	32,398	2,363,966.15	72.97	2.016	274.94	147.10
MEDICAL SUPPLIES	838	54,263	77,555.18	1.43	3.376	92.55	4.83
@DENTIST	342	1,036 \$		\$ 46.27	.064 \$		
VISITS - DIAGNOSTIC	243	592	9,441.00	15.95	.037	38.85	.59
ORAL SURGERY	44	157	8,649.00	55.09	.010	196.57	.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	2	255.00	127.50	.000	85.00	.02
ENDODONTICS	4	5	1,081.00	216.20	.000	270.25	.07
RESTORATIVE DENTISTRY	72	160	13,384.00	83.65	.010	185.89	.83
PROSTHETICS	4	4	90.00	22.50	.000	22.50	.01
DENTURES, STAYPLATES	56	114	15,030.68	131.85	.007	268.41	.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 6,906
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	OR 55 ALL AGE	ΞD				

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR 33 ALL AGED	MONTHLY AVERAGE					
16,071 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
10,071 EDIGIBLES	OSEINS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@OPTOMETRIST	283	769 \$	15,907.32	\$ 20.69	.048 \$		-	
DIAGNOSTIC AND ANC. PROCED	70	72	3,270.33	45.42	.004	46.72	.20	
EYE APPLIANCES	214	609	11,117.65	18.26	.038	51.95	.69	
OTHER OPTOMETRIC SERVICES	67	88	1,519.34	17.27	.005	22.68	.09	
@CHIROPRACTOR	5	9 \$	88.48	\$ 9.83	.001 \$			
VISITS	3	4	66.88	16.72	.000	22.29	.00	
OTHER SERVICES	2	5	21.60	4.32	.000	10.80	.00	
@PODIATRIST	287	494 \$	5,344.12	\$ 10.82	.031 \$			
MEDICINE/INJECTIONS	2 287 0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0 0 287	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	287	494	5,344.12	10.82	.031	18.62	.33	
@HOME HEALTH AGENCY	3	34 \$	561.83	\$ 16.52	.002 \$			
NURSE ANESTHESIST	36	198 \$	668.32	\$ 3.38	.012 \$			
NURSE MIDWIFE	0		.00	\$.00	.000 \$			
PEDIATRIC NURSE PRACTITIONER	•	0 \$ 0 \$.00	\$.00	.000 \$			
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$			
@TOTAL HOSPITAL	1,595	6,145 \$	464,262.20	\$ 75.55	.382 \$			
HOSP INPATIENT TOTAL	260	1,183	350,615.71	296.38	.074	1348.52	21.82	
HSC HOSPITALS	3	10	9,660.96	966.10	.001	3220.32	.60	
NON-HSC HOSPITAL TOTAL	13	41	142,549.69	3476.82	.003	10965.36	8.87	
ACCOMMODATIONS	13	41	45,462.25	1108.84	.003	3497.10	2.83	
ADMINISTRATIVE DAYS	0	0	286.49CF		.000	.00	.02CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1.3	41	45,748.74	1115.82	.003	3519.13	2.85	
ANCILLARIES	13	0	97,087.44	.00	.000	7468.26	6.04	
INPATIENT CROSSOVERS	244	1,132	198,405.06	175.27	.070	813.14	12.35	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,439	4,962	113,646.49	22.90	.309	78.98	7.07	
MEDICAL	39	72	3,457.60	48.02	.004	88.66	.22	
SURGERY	10	11	1,359.73	123.61	.001	135.97	.08	
PATHOLOGY	85	246	3,163.35	12.86	.015	37.22	.20	
RADIOLOGY	40	45	3,164.38	70.32	.003	79.11	.20	
ROOM USE	31	48	3,136.46	65.34	.003	101.18	.20	
CROSSOVERS/ALL OTH OUTPTNT	~ -	4,540	99,364.97	21.89	.282	73.93	6.18	
@COUNTY HOSPITAL TOTAL	7	12 \$	6,188.88	\$ 515.74	.001 \$			
CO HOSPITAL INPATIENT TOTAL	1	5	5,908.45	1181.69	.000	5908.45	.37	
HSC HOSPITALS	1	5	5,908.45	1181.69	.000	5908.45	.37	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	Ů.	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
THE VIHER INTITION	Ŭ	Ŭ	.00	• • •	• • • •	• • • •	• • • •	

CO HOSP OUTPATIENT TOTAL	6	7		280.43	40.06	.000	46.74		.02
MEDICAL	0	0		8.17	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		7.84	.00	.000	.00		.00
ROOM USE	0	0		23.68	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	7		240.74	34.39	.000	40.12		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU D	EC 2002	PAGE	6 , 907
MOP024	FEE-FOR-SERVICE	C/DENTAL						0.2	L/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL	AGED)					
						MON	NTHLY AVERA	GE	
16,071 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	r per
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@COMMUNITY HOSPITAL TOTAL	1,588	6,133	\$	458,073.32	\$ 74.69	.382	288.46	\$ 2	28.50
COMM HOSP INPATIENT TOTAL	259	1,178		344,707.26	292.62	.073	1330.92	2	21.45
HSC HOSPITALS	2	5		3,752.51	750.50	.000	1876.26		.23
NON-HSC HOSPITALS TOTAL	13	41		142,549.69	3476.82	.003	10965.36		8.87
ACCOMMODATIONS	13	41		45,462.25	1108.84	.003	3497.10		2.83
ADMINISTRATIVE DAYS	0	0		286.49CR	.00	.000	.00		.02CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	41		45,748.74	1115.82	.003	3519.13		2.85
ANCILLARIES	13	0		97,087.44	.00	.000	7468.26		6.04
INPATIENT CROSSOVERS	244	1,132		198,405.06	175.27	.070	813.14	-	L2.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,433	4,955		113,366.06	22.88	.308	79.11		7.05
MEDICAL	39	72		3,449.43	47.91	.004	88.45		.21
SURGERY	10	11		1,359.73	123.61	.001	135.97		.08
PATHOLOGY	85	246		3,163.35	12.86	.015	37.22		.20
RADIOLOGY	40	45		3,156.54	70.15	.003	78.91		.20
ROOM USE	31	48		3,112.78	64.85	.003	100.41		.19
CROSSOVERS/ALL OTH OUTPTNT	1,338	4,533		99,124.23	21.87	.282	74.08		6.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,277	68 , 283	\$	6,297,752.25	\$	92.23	4.249	\$	2765.81	\$	391.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	63	1,909		175,784.20		92.08	.119		2790.23		10.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,214	66,374		6,121,968.05		92.23	4.130		2765.12		380.93
@INTERMEDIATE CARE FACILDD	12	365	\$	47,221.21	\$	129.37	.023	\$	3935.10	\$	2.94
ICF DDH	12	365		47,221.21		129.37	.023		3935.10		2.94
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	99	628	\$	59 , 937.66	\$	95.44	.039	\$	605.43	\$	3.73
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	99	628		59 , 937.66		95.44	.039		605.43		3.73
@REHABILITATION FACILITY	0	1	\$	12.81	\$	12.81	.000	\$.00	\$.00
HOSPITAL BASED	0	1		12.81		12.81	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	118	\$	1,449.09	\$	12.28	.007	\$	55.73	\$.09
PATHOLOGY	22	112		1,368.62		12.22	.007		62.21		.09
XO AND OTHERS	4	6		80.47		13.41	.000		20.12		.01
@ORGANIZED OUTPATIENT CLINIC	4,358	7,906	\$	383,034.58	\$	48.45	.492	\$	87.89	\$	23.83
CLINIC	6	51		1,046.12		20.51	.003		174.35		.07
SURGICENTER	34	46		4,061.84		88.30	.003		119.47		.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,333	7,809		377 , 926.62		48.40	.486		87.22		23.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 6,908
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03

----- MONTHLY AVERAGE -----**USERS** AVERAGE COST UNITS/DAYS COST PER 16,071 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4.548 \$ 268.91 \$ @ALL OTHER PROVIDERS 3,646 73,091 980,453.42 13.41 61.01 79,673.95 182.32 577.35 DURABLE MED. EQUIP. 138 437 .027 4.96 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 66 12,798.37 118.50 .007 193.91 .80 108 11,300 146.75 MEDICAL TRANSPORTATION 349 51,214.01 4.53 .703 3.19 AMBULANCES/AIR TRANS 15 24 1,353.80CR 56.41CR .001 90.25CR .08CR 81 OTHER TRANS 7,199 24,821.95 3.45 .448 306.44 1.54 OTHER SERVICES 262 4,077 27,745.86 6.81 .254 105.90 1.73 ACUPUNCTURE 219 560 9,493.98 16.95 .035 43.35 .59 66.66 670.67 ADULT DAY HEALTH CARE CTR 147 1,479 98,587.91 .092 6.13 GENETIC DISEASE TESTING Ω 0 .00 .00 .000 .00 .00 12,759 1,677 585,849.76 45.92 .794 349.34 36.45 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .000 323 812 35.03 OPTICIAN 11,313.82 13.93 .051 .70 550 6,021.89 10.95 103.83 .37 PHYSICAL THERAPIST .034 PORTABLE X-RAY 4 6 7.19 1.20 .000 1.80 .00 29 99.53 .07 PROSTHETIST/ORTHOTISTS 11 1,094.86 37.75 .002 11 29 1,094.86 37.75 .002 99.53 .07 PROSTHETICS 0 .00 0 .00 .00 .00 ORTHOTICS .000 21 24 8.71 .001 9.96 .01 PSYCHOLOGIST 209.13 109.95 SPEECH AND AUDIOLOGY 188 391 42,990.17 .024 228.67 2.68 HOSPICE SERVICES 0 0 44.04 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 55 ALL AGED

MENDOCINO COUNTY

LOCAL EDUCATION AGENCIES	1	1	3.11	3.11	.000	3.11	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,342	44,635	81,151.23	1.82	2.777	60.47	5.05
@CALIF. CHILDREN SERVICES*	5	675	\$ 214.97	\$.32	.042	\$ 42.99	\$.01
@XOVER EXCLUDING STATE HOSP**	4,754	44,528	\$ 672 , 789.15	\$ 15.11	2.771	\$ 141.52	\$ 41.86

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,909
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 56 ALL	BLIND					
						MON		GE
856 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	712	63 , 947	\$		\$ 11.82		1061.16	
@PHYSICIANS SERVICES	178	746	\$		\$ 34.70	.871 \$		
OUTPATIENT VISITS	36	49		1,927.16	39.33	.057	53.53	2.25
OFFICE VISITS	28	40		1,569.10	39.23	.047	56.04	1.83
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5 0		205.80	41.16	.006	41.16	.24
PREVENTIVE CARE	0			.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		152.26	38.07	.005	38.07	.18
INPATIENT VISITS	5	17		767.08	45.12	.020	153.42	.90
HOSPITAL VISITS	5	16		734.62	45.91	.019	146.92	.86
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		32.46	32.46	.001	32.46	.04
OPHTHALMOLOGICAL SERVICES	7	8		419.65	52.46	.009	59.95	.49
EXAMINATIONS	7	8		419.65	52.46	.009	59.95	.49
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	72		2,310.18	32.09	.084	385.03	2.70
PRINCIPAL SURGEON	3	3		1,101.27	367.09	.004	367.09	1.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	69		1,208.91	17.52	.081	302.23	1.41
OUTPATIENT SURGERY	19	90		10,229.33	113.66	.105	538.39	11.95
PRINCIPAL SURGEON	14	33		9,057.41	274.47	.039	646.96	10.58
ASSISTANT SURGEON	1	1		118.02	118.02	.001	118.02	.14
ANESTHESIOLOGIST	5	56		1,053.90	18.82	.065	210.78	1.23
DIALYSIS	12	38		3,869.28	101.82	.044	322.44	4.52
PATHOLOGY	4	7		239.01	34.14	.008	59.75	.28
RADIOLOGY	31	57		2,877.11	50.48	.067	92.81	3.36
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	106	408		3,246.76	7.96	.477	30.63	3.79
@PHARMACY	566	25,417	\$	233,480.26	\$ 9.19	29.693 \$	412.51	\$ 272.76
PRESCRIPTION DRUGS	557	2,655		213,455.23	80.40	3.102	383.22	249.36
SNF/ICF	55	468		24,084.25	51.46	.547	437.90	28.14
OUTPATIENTS	510	2,187		189,370.98	86.59	2.555	371.32	221.23
MEDICAL SUPPLIES	122	22,762		20,025.03	.88	26.591	164.14	23.39
@DENTIST	19	77	\$	1,965.00	\$ 25.52	.090 \$	103.42	\$ 2.30
VISITS - DIAGNOSTIC	14	48		711.00	14.81	.056	50.79	.83
ORAL SURGERY	1	4		159.00	39.75	.005	159.00	.19
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	1	4	.00	.00	.005	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	20	995.00	49.75	.023	124.38	1.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.12
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	002 THRU DE	C 2002	PAGE 6,910
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MENDOCINO COUNTY	SIIMMARY OF SERVICE	S FOR 56 ALL BL	TND				

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 856 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 16 44 2,013.74 45.77 .051 \$ 125.86 \$ 2.35 3 3 142.35 .004 47.45 DIAGNOSTIC AND ANC. PROCED 47.45 .17 12 1,712.57 50.37 .040 142.71 2.00 EYE APPLIANCES 34 158.82 22.69 .008 31.76 .19 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 37 393.08 10.62 .043 15.12 .46 0 .00 .00 .000 .00 MEDICINE/INJECTIONS 0 .00 .00 0 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 OTHER 37 393.08 10.62 .043 15.12 .46 104.99 52.50 .002 52.50 .12 @HOME HEALTH AGENCY 44.79 7.47 .007 22.40 .05 NURSE ANESTHESIST 6 Ś .000 .00 Ś .00 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 962 79,907.57 83.06 1.124 459.24 93.35 HOSP INPATIENT TOTAL 13 78 55,109.84 706.54 .091 4239.22 64.38 5 8,250.00 1650.00 .006 8250.00 HSC HOSPITALS 9.64 29 41,987.84 1447.86 6997.97 NON-HSC HOSPITAL TOTAL .034 49.05 29 14,788.67 509.95 .034 2464.78 17.28 ACCOMMODATIONS ADMINISTRATIVE DAYS 1,298.99 216.50 .007 1298.99 1.52 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 23 13,489.68 586.51 .027 2697.94 15.76 ANCILLARIES 0 27,199.17 .00 .000 4533.20 31.77 INPATIENT CROSSOVERS 4,872.00 110.73 .051 812.00 5.69 ALL OTHER INPATIENT 0 .00 .00 .000 . 00 .00 884 24,797.73 28.05 1.033 148.49 HOSP OUTPATIENT TOTAL 28.97 .076 102.22 MEDICAL 38 65 3,884.45 59.76 4.54 SURGERY 14 16 1,514.35 94.65 .019 108.17 1.77 323 .377 PATHOLOGY 3,532.92 10.94 50.47 4.13 27 42 4,638.93 110.45 .049 171.81 5.42 RADIOLOGY 87 ROOM USE 4,701.76 54.04 .102 88.71 5.49 351 6,525.32 18.59 CROSSOVERS/ALL OTH OUTPTNT .410 67.27 7.62 0 .00 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00

.00

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.00

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	6,911
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01,	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLINE	D					
					MONTH	TIT V ATTEDA	7177	

							ONTHLY AVERA	ΔGE	
856 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	_			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	174	962	\$	79 , 907.57	\$ 83.06	1.124	\$ 459.24	\$	93.35
COMM HOSP INPATIENT TOTAL	13	78		55,109.84	706.54	.091	4239.22		64.38
HSC HOSPITALS	1	5		8,250.00	1650.00	.006	8250.00		9.64
NON-HSC HOSPITALS TOTAL	6	29		41,987.84	1447.86	.034	6997.97		49.05
ACCOMMODATIONS	6	29		14,788.67	509.95	.034	2464.78		17.28
ADMINISTRATIVE DAYS	1	6		1,298.99	216.50	.007	1298.99		1.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	23		13,489.68	586.51	.027	2697.94		15.76
ANCILLARIES	6	0		27,199.17	.00	.000	4533.20		31.77
INPATIENT CROSSOVERS	6	44		4,872.00	110.73	.051	812.00		5.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	167	884		24,797.73	28.05	1.033	148.49		28.97
MEDICAL	38	65		3,884.45	59.76	.076	102.22		4.54
SURGERY	14	16		1,514.35	94.65	.019	108.17		1.77
PATHOLOGY	70	323		3,532.92	10.94	.377	50.47		4.13
RADIOLOGY	27	42		4,638.93	110.45	.049	171.81		5.42
ROOM USE	53	87		4,701.76	54.04	.102	88.71		5.49
CROSSOVERS/ALL OTH OUTPINT	97	351		6,525.32	18.59	.410	67.27		7.62
@STATE HOSPITAL	2	59	\$	26,031.70	\$ 441.22	.069	\$ 13015.85	\$	30.41
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	2	59		26,031.70	441.22	.069	13015.85		30.41
@NURSING FACILITY	57	1,534	\$	175,754.01	\$ 114.57	1.792	\$ 3083.40	\$	205.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	57	1,534		175,754.01	114.57	1.792	3083.40		205.32
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	55	1,137	\$	53,284.80	\$ 46.86	1.328	\$ 968.81	\$	62.25
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	55	1,137		53,284.80	46.86	1.328	968.81		62.25
@REHABILITATION FACILITY	4	7	\$	129.17	\$ 18.45	.008	\$ 32.29	\$.15
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	4	7		129.17	18.45			.29		.15
@LABORATORY FACILITY	15	102	\$	1,295.05	\$ 12.70	.119	\$ 86.	.34	\$	1.51
PATHOLOGY	15	102		1,295.05	12.70	.119	86.	. 34		1.51
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	291	586	\$	38,735.11	\$ 66.10	.685	\$ 133.	. 11	\$	45.25
CLINIC	4	7		545.80	77.97	.008	136	. 45		.64
SURGICENTER	3	8		384.04	48.01	.009	128	.01		.45
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	289	571		37,805.27	66.21	.667	130	. 81		44.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	TURES I	MONTH-OF-PAYMENT R	REPORT FOR JA	N 2002 THRU	DEC 2002		PI	AGE 6,912
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 56 AI	LL BLI	ND						
						N	A YLHTNON	/ERAC	GE -	
856 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE CC	ST UNITS/DAY	S COST I	?ER	(COST PER
		OR DAYS OF CA	ARE		PER UNIT/D	AY PER ELIC	G USE	ξ	F	ELIGIBLE
@ALL OTHER PROVIDERS	284	33,231	\$	116,522.75	\$ 3.51	38.821	\$ 410	.29	\$	136.12
DURABLE MED. EQUIP.	26	101		16,750.50	165.85	.118	644.	. 25		19.57
BLOOD BANK	0	0		.00	.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000		.00		.00
MEDICAL TRANSPORTATION	40	11,840		25,446.21	2.15	13.832	636	.16		29.73
AMBULANCES/AIR TRANS	9	41		1,580.59	38.55	.048	175	. 62		1.85
OTHER TRANS	17	11,401		21,833.35	1.92	13.319	1284	. 31		25.51
OTHER SERVICES	16	398		2,032.27	5.11	.465	127	. 02		2.37
ACUPUNCTURE	22	59		1,000.22	16.95	.069	45.	. 46		1.17
ADULT DAY HEALTH CARE CTR	18	226		15,090.82	66.77	.264	838.	. 38		17.63
GENETIC DISEASE TESTING	0	0		.00	.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	114	912		44,054.67	48.31	1.065	386	. 44		51.47
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00		.00
OPTICIAN	15	40		565.83	14.15	.047	37.	. 72		.66
PHYSICAL THERAPIST	0	0		.00	.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	2		152.02	76.01	.002	152	.02		.18

PROSTHETICS	1	2	152.02	76.01	.002	152	.02	.18
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	11	19	1,685.53	88.71	.022	153	.23	1.97
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	17	315	3,027.28	9.61	.368	178	.08	3.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	113	19 , 717	8,749.67	. 44	23.034	77	.43	10.22
@CALIF. CHILDREN SERVICES*	30	258	\$ 38,389.08	\$ 148.79	.301	\$ 1279	. 64	\$ 44.85
@XOVER EXCLUDING STATE HOSP**	217	4,331	\$ 52,544.58	\$ 12.13	5.060	\$ 242	.14	\$ 61.38

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,913
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

					MON	THLY AVERA	GE
45,516 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37,133	813 , 630	\$ 31,384,361.84	\$ 38.57	17.876 \$	845.19	\$ 689.52
@PHYSICIANS SERVICES	8,384	25,548	\$ 1,050,280.66	\$ 41.11	.561 \$	125.27	\$ 23.07
OUTPATIENT VISITS	2,430	3,253	117,866.11	36.23	.071	48.50	2.59
OFFICE VISITS	2,091	2 , 752	95,245.06	34.61	.060	45.55	2.09
HOME VISITS	6	10	343.00	34.30	.000	57.17	.01
EMERGENCY ROOM	215	280	14,552.55	51.97	.006	67.69	.32
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	17	23	1,891.81	82.25	.001	111.28	.04
OTHER OUTPATIENT	160	187	5,789.84	30.96	.004	36.19	.13
INPATIENT VISITS	619	2,583	128,513.58	49.75	.057	207.61	2.82
HOSPITAL VISITS	539	2,234	105,212.05	47.10	.049	195.20	2.31
CRITICAL CARE	62	147	15,910.97	108.24	.003	256.63	.35
SNF/ICF/TRANS IP CARE	79	202	7,390.56	36.59	.004	93.55	.16
OPHTHALMOLOGICAL SERVICES	161	176	7,918.02	44.99	.004	49.18	.17
EXAMINATIONS	161	176	7,918.02	44.99	.004	49.18	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	365	2,560	178,948.23	69.90	.056	490.27	3.93
PRINCIPAL SURGEON	248	380	130,514.36	343.46	.008	526.27	2.87
ASSISTANT SURGEON	42	44	8,954.18	203.50	.001	213.19	.20
ANESTHESIOLOGIST	153	2,136	39,479.69	18.48	.047	258.04	.87
OUTPATIENT SURGERY	704	2,378	194,995.37	82.00	.052	276.98	4.28
PRINCIPAL SURGEON	556	794	163,017.50	205.31	.017	293.20	3.58
ASSISTANT SURGEON	6	6	613.57	102.26	.000	102.26	.01
ANESTHESIOLOGIST	197	1,578	31,364.30	19.88	.035	159.21	.69
DIALYSIS	36	62	8,655.02	139.60	.001	240.42	.19
PATHOLOGY	639	1,174	33,372.24	28.43	.026	52.23	.73
RADIOLOGY	2,554	4,486	191,753.67	42.74	.099	75.08	4.21
PSYCHIATRY	5	8	299.79	37.47	.000	59.96	.01
IMMUNIZATION AND INJECTION	97	417	23,994.13	57.54	.009	247.36	.53
OTHER SERVICES/ALL X-OVERS	3,681	8 , 451	163,964.50	19.40		44.54	3.60
@ PHARMACY	29,516	244,319	\$ 12,308,632.55	\$ 50.38	5.368 \$	417.02	\$ 270.42
PRESCRIPTION DRUGS	29,166	123,012		97.81			264.34
SNF/ICF	587	4,196	323,305.09	77.05		550.78	7.10
OUTPATIENTS	28,627	118,816	11,708,531.25	98.54	2.610	409.00	257.24

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	2,313	121,307		276,796.21		2.28	2.665	119.67	6.	08
@DENTIST	1,312	5,104	\$	204,280.06	\$	40.02	.112	\$ 155.70	\$ 4.	49
VISITS - DIAGNOSTIC	918	2,983		46,314.88		15.53	.066	50.45	1.	02
ORAL SURGERY	217	805		46,707.25		58.02	.018	215.24	1.	03
DRUGS	5	5		38.00		7.60	.000	7.60	•	00
ANESTHESIA	25	25		2,150.00		86.00	.001	86.00		05
PERIODONTICS	48	64		7,330.00		114.53	.001	152.71		16
ENDODONTICS	37	52		9,895.00		190.29	.001	267.43		22
RESTORATIVE DENTISTRY	363	858		56,087.75		65.37	.019	154.51	1.	23
PROSTHETICS	10	10		270.00		27.00	.000	27.00		01
DENTURES, STAYPLATES	98	264		30,831.00		116.78	.006	314.60		68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		00
MAXILLOFACIAL SERVICES	9	14		2,335.35		166.81	.000	259.48		05
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00		02
ORTHODONTIC SERVICES	11	14		1,520.83		108.63	.000	138.26		03
ALL OTHER SERVICES	9	9		.00		.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC 2002	PAGE 6	,914
MOP024	FEE-FOR-SERVICE/DENTA	L							01/1	7/03
MENDOCINO COUNTY	SUMMARY OF SERVICES F	OR 57 ALI	DISABL	ED						

----- MONTHLY AVERAGE -----45,516 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,011 2,984 65,095.16 21.81 .066 \$ 64.39 \$ 1.43 DIAGNOSTIC AND ANC. PROCED 500 504 23,411.68 46.45 .011 46.82 .51 824 2,350 39,245.80 16.70 .052 47.63 EYE APPLIANCES .86 OTHER OPTOMETRIC SERVICES 130 18.75 .003 25.93 .05 2,437.68 43.88 \$ @CHIROPRACTOR 64 174 2,808.54 16.14 .004 \$.06 VISITS 162 2,654.30 16.38 .004 47.40 .06 OTHER SERVICES 12 154.24 12.85 .000 19.28 .00 @PODIATRIST 177 241 3,717.79 15.43 .005 \$ 21.00 \$.08 13 13 31.22 31.22 MEDICINE/INJECTIONS 405.80 .000 .01 0 0 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 228 3,311.99 14.53 .005 20.20 .07 @HOME HEALTH AGENCY 136 1,454 79,325.18 54.56 .032 \$ 583.27 1.74 35 161 547.49 3.40 .004 \$ 15.64 .01 NURSE ANESTHESIST 2,561.75 26.68 .002 \$ 150.69 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER Ω 0 .00 \$.00 .000 \$.00 .00 @TOTAL HOSPITAL 9,518 52,797 8,162,841.82 154.61 1.160 857.62 \$ 179.34 HOSP INPATIENT TOTAL 857 4,541 6,691,821.92 1473.64 .100 7808.43 147.02 HSC HOSPITALS 636 1,004,873.30 1579.99 .014 12560.92 NON-HSC HOSPITAL TOTAL 494 2,374 5,440,161.80 2291.56 .052 11012.47 119.52 ACCOMMODATIONS 473 2,374 1,692,533.63 712.95 .052 3578.30 37.19 117 24,866.48 212.53 .003 920.98 ADMINISTRATIVE DAYS 0 0 302.04 .00 .000 .00 .01 TRANSITIONAL IP CARE 456 738.75 ALL OTHER ACCOM 2,257 1,667,365.11 .050 3656.50 36.63 494 7586.29 ANCILLARIES 0 3,747,628.17 .00 .000 82.34 INPATIENT CROSSOVERS 296 1,531 246,786.82 161.19 833.74 5.42 .034 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 9,153 48,256 1,471,019.90 30.48 1.060 160.71 HOSP OUTPATIENT TOTAL 32.32 56.57 108.24 7.22 MEDICAL 3,037 5,811 328,710.69 .128 89.44 528 659 47,222.47 71.66 .014 SURGERY 1.04 PATHOLOGY 3,999 17,244 228,412.43 13.25 .379 57.12 5.02 RADIOLOGY 2,052 3,076 251,138.38 81.64 .068 122.39 5.52 ROOM USE 3,052 4,808 230,987.62 48.04 .106 75.68 5.07

CROSSOVERS/ALL OTH OUTPINT	4 , 656	16,658	3	384,548.31		23.08	.366	82.59		8.45
@COUNTY HOSPITAL TOTAL	57	323	\$	29,608.99	\$	91.67	.007	\$ 519.46	\$.65
CO HOSPITAL INPATIENT TOTAL	4	20		22,702.50		1135.13	.000	5675.63		.50
HSC HOSPITALS	4	20		22,608.00		1130.40	.000	5652.00		.50
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000	.00		.00
ACCOMMODATIONS	0	0		94.50		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	57	303		6,906.49		22.79	.007	121.17		.15
MEDICAL	32	49		1,931.98		39.43	.001	60.37		.04
SURGERY	4	4		95.04		23.76	.000	23.76		.00
PATHOLOGY	21	107		1,364.37		12.75	.002	64.97		.03
RADIOLOGY	12	29		1,209.46		41.71	.001	100.79		.03
ROOM USE	35	44		1,586.70		36.06	.001	45.33		.03
CROSSOVERS/ALL OTH OUTPTNT	23	70		718.94		10.27	.002	31.26		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-OF	F-PAYMENT F	REPOR	T FOR JAN	2002 THRU	DEC 2002	PAGE	6 , 915
MOP024	FEE-FOR-SERVICE/DENTAL								01	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 57 ALL	DISABLED							
							M	ONTHLY AVERA	GE	

45,516 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS		S COST PER	-	COST PER
10,010 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 0	PER UNIT/DA				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,473	52,474	\$ 8,133,232.83	\$ 155.00	1.153			178.69
COMM HOSP INPATIENT TOTAL	855	4,521	6,669,119.42	1475.14	.099	7800.14		146.52
HSC HOSPITALS	76	616	982,265.30	1594.59	.014	12924.54		21.58
NON-HSC HOSPITALS TOTAL	494	2,374	5,440,067.30	2291.52	.052	11012.28		119.52
ACCOMMODATIONS	473	2,374	1,692,439.13	712.91	.052	3578.10		37.18
ADMINISTRATIVE DAYS	27	117	24,771.98	211.73	.003	917.48		.54
TRANSITIONAL IP CARE	0	0	302.04	.00	.000	.00		.01
ALL OTHER ACCOM	456	2,257	1,667,365.11	738.75	.050	3656.50		36.63
ANCILLARIES	494	0	3,747,628.17	.00	.000	7586.29		82.34
INPATIENT CROSSOVERS	296	1,531	246,786.82	161.19	.034	833.74		5.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	9,107	47,953	1,464,113.41	30.53	1.054	160.77		32.17
MEDICAL	3,007	5 , 762	326 , 778.71	56.71	.127	108.67		7.18
SURGERY	524	655	47,127.43	71.95	.014	89.94		1.04
PATHOLOGY	3 , 981	17,137	227,048.06	13.25	.377	57.03		4.99
RADIOLOGY	2,042	3,047	249,928.92	82.02	.067	122.39		5.49
ROOM USE	3,022	4,764	229,400.92	48.15	.105	75.91		5.04
CROSSOVERS/ALL OTH OUTPINT	4,637	16,588	383 , 829.37	23.14	.364	82.78		8.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	442	12,539	\$ 1,824,208.90	\$ 145.48	.275	\$ 4127.17	\$	40.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	15	456	49,638.08	108.86	.010	3309.21		1.09
LEV B-SUBACUTE FREESTANDING	12	456	262 , 077.99	574.73	.010	21839.83		5.76
LEV B-SUBACUTE HSPTL BASED	11	290	176,414.38	608.33	.006	16037.67		3.88
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	405	11 , 337	1,336,078.45	117.85	.249	3298.96		29.35
@INTERMEDIATE CARE FACILDD	340	10,353	\$ 1,467,136.98	\$ 141.71		\$ 4315.11	\$	32.23
ICF DDH	268	8,172	1,105,565.24	135.29	.180	4125.24		24.29
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	72	2,181		361,571.74		165.78	.048		5021.83		7.94
@HEMODIALYSIS TOTAL	185	1,308	\$	127,952.40	\$	97.82	.029	\$	691.63	\$	2.81
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	185	1,308		127,952.40		97.82	.029		691.63		2.81
@REHABILITATION FACILITY	95	1,146	\$	15,037.82	\$	13.12	.025	\$	158.29	\$.33
HOSPITAL BASED	4	11		323.09		29.37	.000		80.77		.01
INDEPENDENT FACILITY	91	1,135		14,714.73		12.96	.025		161.70		.32
@LABORATORY FACILITY	1,326	6 , 025	\$	78 , 219.97	\$	12.98	.132	\$	58.99	\$	1.72
PATHOLOGY	1,322	6,017		78,153.11		12.99	.132		59.12		1.72
XO AND OTHERS	4	8		66.86		8.36	.000		16.72		.00
@ORGANIZED OUTPATIENT CLINIC	19,022	46,377	\$	3,777,560.22	\$	81.45	1.019	\$	198.59	\$	82.99
CLINIC	197	489		20,433.98		41.79	.011		103.73		.45
SURGICENTER	156	452		18,807.35		41.61	.010		120.56		.41
HEROIN DETOX CLINIC	2	28		343.18		12.26	.001		171.59		.01
RURAL HEALTH CLINIC	18,842	45,408		3,737,975.71		82.32	.998		198.39		82.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,916
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	S FOR 57 ALL	DIS	SABLED							

----- MONTHLY AVERAGE -----45,516 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7,678 @ALL OTHER PROVIDERS 403,004 2,214,154.55 5.49 8.854 \$ 288.38 \$ 48.65 DURABLE MED. EQUIP. 814 4,151 579,087.21 139.51 .091 711.41 12.72 BLOOD BANK 0 0 .00 .00 .000 .00 .00 50 78 10,487.15 134.45 .002 209.74 HEARING AID DISPENSERS .23 890 43,214 315,070.54 7.29 .949 354.01 MEDICAL TRANSPORTATION 9,856 290.40 534 155,072.16 15.73 .217 3.41 AMBULANCES/AIR TRANS OTHER TRANS 93 28,165 59,627.10 2.12 .619 641.15 1.31 19.33 17.10 66.09 82.00 58.26 14.40 12.64 14.81 33.82 129.31 134.14 56.48 317 19.33 .114 OTHER SERVICES 5,193 100,371.28 316.63 2.21 1,240 3,114 53,257.52 .068 42.95 1.17 ACUPUNCTURE 192 2,049 .045 705.31 2.98 ADULT DAY HEALTH CARE CTR 135,418.62 18 .000 82.00 GENETIC DISEASE TESTING 18 1,476.00 .03 968 IHMC, MODEL-NF, NF, AIDS, MSSP 9,361 545,358.31 .206 563.39 11.98 63 113.38 OCCUPATIONAL THERAPIST 907.01 .001 .061 OPTICIAN 1,091 2,763 34,913.40 32.00 .77 PHYSICAL THERAPIST 275 2,564 37,962.23 .056 138.04 .83 2 .000 67.64 PORTABLE X-RAY 135.28 .00 129.31 64,396.21 450.32 PROSTHETIST/ORTHOTISTS 143 498 .011 1.41 PROSTHETICS 116 467 62,645.27 .010 540.05 27 ORTHOTICS 31 1,750.94 56.48 .001 64.85 .04 9 75.71 159.83 PSYCHOLOGIST 19 1,438.43 .000 .03 SPEECH AND AUDIOLOGY 43,851.70 64.20 .015 216.02 HOSPICE SERVICES 9,809.07 106.62 .002 1634.85 0 15,545 0 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 165,850.74 10.67 .342 215.95 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 0 0 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 Ö 0 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 ALL OTHER PROVIDERS 2,167 318,788 214,735.13 .67 7.004 99.09 4.72 8,963 56,361 @CALIF. CHILDREN SERVICES* 585 .197 \$ 1435.84 \$ 839,969.00 93.72 18.45 \$ @XOVER EXCLUDING STATE HOSP** 5,799 808,968.46 14.35 1.238 \$ 139.50 \$ 17.77

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

THENDOCING COONTI	DOTEMENT OF DELIC	VICED FOR 50 MEET IM	111110				
					MON	THLY AVERA	GE
131,313 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	65 , 198	385,764 \$			2.938 \$	354.20	\$ 175.86
@PHYSICIANS SERVICES	10,479	29,017 \$	1,639,356.3	9 \$ 56.50	.221 \$	156.44	\$ 12.48
OUTPATIENT VISITS	3,286	4,224	171,220.2	3 40.54	.032	52.11	1.30
OFFICE VISITS	2 , 579	3,156	110,123.8	9 34.89	.024	42.70	.84
HOME VISITS	2	2	54.9	8 27.49	.000	27.49	.00
EMERGENCY ROOM	299	339	15,407.0	0 45.45	.003	51.53	.12
PREVENTIVE CARE	2	2	87.7	0 43.85	.000	43.85	.00
OB VISITS/COMPRE PERI	338	592	41,284.7	5 69.74	.005	122.14	.31
OTHER OUTPATIENT	125	133	4,261.9	1 32.04	.001	34.10	.03
INPATIENT VISITS	956	3,448	230,269.4	4 66.78	.026	240.87	1.75
HOSPITAL VISITS	905	2,724	122,648.7	7 45.03	.021	135.52	.93
CRITICAL CARE	138	724	107,620.6	7 148.65	.006	779.86	.82
SNF/ICF/TRANS IP CARE	0	0	.0	0 .00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	137	149	7,318.4	2 49.12	.001	53.42	.06
EXAMINATIONS	137	149	7,318.4	2 49.12	.001	53.42	.06
SERVICES AND MATERIALS	0	0	.0	0 .00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	901	4,947	503,100.5	2 101.70	.038	558.38	3.83
PRINCIPAL SURGEON	578	720	405,920.5	6 563.78	.005	702.28	3.09
ASSISTANT SURGEON	91	92	19,094.9	1 207.55	.001	209.83	.15
ANESTHESIOLOGIST	371	4,135	78,085.0	5 18.88	.031	210.47	.59
OUTPATIENT SURGERY	1,230	4,596	284,302.2	7 61.86	.035	231.14	2.17
PRINCIPAL SURGEON	905	1,100	212,187.4		.008	234.46	1.62
ASSISTANT SURGEON	9	9	856.0	6 95.12	.000	95.12	.01
ANESTHESIOLOGIST	478	3,487	71,258.7	9 20.44	.027	149.08	.54
DIALYSIS	11	26	3,011.5	0 115.83	.000	273.77	.02
PATHOLOGY	1,758	2,714	72,160.3		.021	41.05	.55
RADIOLOGY	4,446	6 , 577	226,400.6	0 34.42	.050	50.92	1.72
PSYCHIATRY	1	1	29.1	8 29.18	.000	29.18	.00

IMMUNIZATION AND INJECTION	134	461	60,528.58	131.30	.004	451.71	.46
OTHER SERVICES/ALL X-OVERS	1,058	1,874	81,015.29	43.23	.014	76.57	.62
@PHARMACY	27,426	68 , 218 \$	2,815,611.04	\$ 41.27	.520	\$ 102.66	\$ 21.44
PRESCRIPTION DRUGS	27,194	58,463	2,756,925.54	47.16	.445	101.38	21.00
SNF/ICF	10	39	2,964.78	76.02	.000	296.48	.02
OUTPATIENTS	27 , 189	58,424	2,753,960.76	47.14	.445	101.29	20.97
MEDICAL SUPPLIES	651	9 , 755	58,685.50	6.02	.074	90.15	.45
@DENTIST	3,073	12,457 \$	408,972.79	\$ 32.83	.095	\$ 133.09	\$ 3.11
VISITS - DIAGNOSTIC	2,265	8 , 057	123,392.55	15.31	.061	54.48	.94
ORAL SURGERY	476	1,231	89,191.50	72.45	.009	187.38	.68
DRUGS	40	42	770.00	18.33	.000	19.25	.01
ANESTHESIA	153	156	14,315.00	91.76	.001	93.56	.11
PERIODONTICS	25	25	2,490.00	99.60	.000	99.60	.02
ENDODONTICS	137	263	26 , 157.00	99.46	.002	190.93	.20
RESTORATIVE DENTISTRY	992	2,503	141,101.75	56.37	.019	142.24	1.07
PROSTHETICS	9	9	270.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	14	68	4,721.00	69.43	.001	337.21	.04
SPACE MAINTAINERS	19	24	2,364.00	98.50	.000	124.42	.02
MAXILLOFACIAL SERVICES	15	21	1,690.28	80.49	.000	112.69	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	25	38	2,509.71	66.05	.000	100.39	.02
ALL OTHER SERVICES	16	20	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,918
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

----- MONTHLY AVERAGE -----131,313 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,214 @OPTOMETRIST 3,525 82,001.51 23.26 .027 \$ 67.55 \$.62 908 915 42,909.21 46.90 .007 47.26 .33 DIAGNOSTIC AND ANC. PROCED 2,582 38,373.33 14.86 .020 41.62 .29 EYE APPLIANCES 25.68 25.68 OTHER OPTOMETRIC SERVICES 28 28 718.97 .000 .01 @CHIROPRACTOR 111 313 5,041.08 16.11 .002 \$ 45.42 \$.04 313 VISITS 5,041.08 16.11 .002 45.42 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 352.20 176.10 .000 \$ 176.10 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 352.20 SURGERY/ANES. 176.10 .000 176.10 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 105 294 18,577.92 63.19 .002 \$ 176.93 .14 NURSE ANESTHESIST 2 14 140.24 10.02 .000 \$ 70.12 .00 NURSE MIDWIFE 414 1,896 61,681.95 32.53 .014 \$ 148.99 .47 PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 .00 131.38 32.85 .000 \$ 43.79 FAMILY NURSE PRACTITIONER 16,329 79,041 10,278,338.91 130.04 .602 629.45 @TOTAL HOSPITAL 78.27 HOSP INPATIENT TOTAL 1,033 4,456 7,980,402.46 1790.93 .034 7725.46 60.77 14257.76 HSC HOSPITALS 104 978 1,482,806.86 1516.16 .007 NON-HSC HOSPITAL TOTAL 946 3,478 6,497,595.60 1868.20 6868.49 49.48 .026 ACCOMMODATIONS 876 3,478 19.05 2,501,883.68 719.35 .026 2856.03 50 10,936.83 218.74 ADMINISTRATIVE DAYS 14 .000 781.20 .08 .00 0 0 .00 TRANSITIONAL IP CARE .00 .000 .00 868 3,428 2,490,946.85 726.65 .026 ALL OTHER ACCOM 2869.75 18.97 ANCILLARIES 946 0 3,995,711.92 .00 .000 4223.80 30.43 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

MENDOCINO COUNTY

HOSP OUTPATIENT TOTAL	15,828	74,585		2,297,936.45	30.81	.568	145.18	1	7.50
MEDICAL	7 , 989	11,935		605,265.32	50.71	.091	75.76		4.61
SURGERY	1,405	1,796		131,665.08	73.31	.014	93.71		1.00
PATHOLOGY	7,022	23,473		274,747.89	11.70	.179	39.13		2.09
RADIOLOGY	3,685	4,993		341,918.53	68.48	.038	92.79		2.60
ROOM USE	8,895	12,368		553,509.27	44.75	.094	62.23		4.22
CROSSOVERS/ALL OTH OUTPINT	6,060	20,020		390,830.36	19.52	.152	64.49		2.98
@COUNTY HOSPITAL TOTAL	25	164	\$	99,559.20	\$ 607.07	.001	\$ 3982.37	\$.76
CO HOSPITAL INPATIENT TOTAL	3	81		96,795.02	1195.00	.001	32265.01		.74
HSC HOSPITALS	3	81		96,795.02	1195.00	.001	32265.01		.74
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	22	83		2,764.18	33.30	.001	125.64		.02
MEDICAL	11	14		581.01	41.50	.000	52.82		.00
SURGERY	3	7		215.09	30.73	.000	71.70		.00
PATHOLOGY	4	21		350.90	16.71	.000	87.73		.00
RADIOLOGY	1	2		89.62	44.81	.000	89.62		.00
ROOM USE	18	23		1,087.54	47.28	.000	60.42		.01
CROSSOVERS/ALL OTH OUTPINT	11	16		440.02	27.50	.000	40.00		.00
	MEDI-CAL SERVICES AND E	EXPENDITU:	RES MONTH	-OF-PAYMENT REF	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE	6,919
MOP024	FEE-FOR-SERVICE/DENTAL							01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 58 ALL	FAMILIES						
						MC	ONTHLY AVERA	GE	

131,313 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY				COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,307	78,877	\$	10,178,779.71	\$ 129.05	.601			77.52
COMM HOSP INPATIENT TOTAL	1,030	4,375	т	7,883,607.44	1801.97	.033	7653.99	7	60.04
HSC HOSPITALS	101	897		1,386,011.84	1545.16	.007	13722.89		10.56
NON-HSC HOSPITALS TOTAL	946	3,478		6,497,595.60	1868.20	.026	6868.49		49.48
ACCOMMODATIONS	876	3,478		2,501,883.68	719.35	.026	2856.03		19.05
ADMINISTRATIVE DAYS	14	50		10,936.83	218.74	.000	781.20		.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	868	3,428		2,490,946.85	726.65	.026	2869.75		18.97
ANCILLARIES	946	0		3,995,711.92	.00	.000	4223.80		30.43
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	15 , 808	74,502		2,295,172.27	30.81	.567	145.19		17.48
MEDICAL	7 , 979	11,921		604,684.31	50.72	.091	75.78		4.60
SURGERY	1,402	1,789		131,449.99	73.48	.014	93.76		1.00
PATHOLOGY	7,019	23,452		274,396.99	11.70	.179	39.09		2.09
RADIOLOGY	3,684	4,991		341,828.91	68.49	.038	92.79		2.60
ROOM USE	8 , 879	12,345		552,421.73	44.75	.094	62.22		4.21
CROSSOVERS/ALL OTH OUTPTNT	6 , 050	20,004		390,390.34	19.52	.152	64.53		2.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	8	\$	1,760.88	\$ 220.11	.000	\$ 1760.88	\$.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	8		1,760.88		220.11	.000		1760.88		.01
@INTERMEDIATE CARE FACILDD	1	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	584	\$	42,301.34	\$	72.43	.004	\$	3253.95	\$.32
HOSPITAL BASED	4	47		17,780.10		378.30	.000		4445.03		.14
HEMODIALYSIS CENTER	9	537		24,521.24		45.66	.004		2724.58		.19
@REHABILITATION FACILITY	29	263	\$	3,845.10	\$	14.62	.002	\$	132.59	\$.03
HOSPITAL BASED	2	3CR		22.77		7.59CR	.000		11.39		.00
INDEPENDENT FACILITY	27	266		3,822.33		14.37	.002		141.57		.03
@LABORATORY FACILITY	3,210	8 , 728	\$	166,438.47	\$	19.07	.066	\$	51.85	\$	1.27
PATHOLOGY	3,210	8 , 728		166,438.47		19.07	.066		51.85		1.27
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35 , 949	68 , 666	\$	6,708,582.98	\$	97.70	.523	\$	186.61	\$	51.09
CLINIC	991	3 , 926		81 , 347.56		20.72	.030		82.09		.62
SURGICENTER	110	496		18 , 730.96		37.76	.004		170.28		.14
HEROIN DETOX CLINIC	2	7		103.71		14.82	.000		51.86		.00
RURAL HEALTH CLINIC	35 , 202	64 , 237		6,608,400.75		102.88	.489		187.73		50.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Pλ	AGE 6,920
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAM	IILIES							

----- MONTHLY AVERAGE -----

131,313 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	СО	ST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	7,459	112,734	\$	859,900.64	\$ 7.63	.859	\$ 115.28	\$	6.55
DURABLE MED. EQUIP.	208	442		31,499.76	71.27	.003	151.44		.24
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	14	34		3,364.46	98.95	.000	240.32		.03
MEDICAL TRANSPORTATION	490	17,133		358,991.36	20.95	.130	732.64		2.73
AMBULANCES/AIR TRANS	480	12,629		211,103.08	16.72	.096	439.80		1.61
OTHER TRANS	3	4,420		9,519.39	2.15	.034	3173.13		.07
OTHER SERVICES	80	84		138,368.89	1647.25	.001	1729.61		1.05
ACUPUNCTURE	1,440	3,561		60,920.25	17.11	.027	42.31		.46
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	369	370		28,034.00	75.77	.003	75.97		.21
IHMC, MODEL-NF, NF, AIDS, MSSP	7	35		5,557.00	158.77	.000	793.86		.04
OCCUPATIONAL THERAPIST	2	10		159.93	15.99	.000	79.97		.00
OPTICIAN	1,058	2,499		25,518.56	10.21	.019	24.12		.19
PHYSICAL THERAPIST	207	1,769		28,905.81	16.34	.013	139.64		.22
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	68	178		22,764.57	127.89	.001	334.77		.17
PROSTHETICS	44	148		21,266.29	143.69	.001	483.32		.16
ORTHOTICS	24	30		1,498.28	49.94	.000	62.43		.01
PSYCHOLOGIST	6	16		1,187.02	74.19	.000	197.84		.01
SPEECH AND AUDIOLOGY	62	137		9,567.42	69.84	.001	154.31		.07
HOSPICE SERVICES	1	11		1,216.16	110.56	.000	1216.16		.01
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	3 , 495	20,105		244,487.47	12.16	.153	69.95		1.86
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	163	66,434		37,726.87	.57	.506	231.45		.29
@CALIF. CHILDREN SERVICES*	641	5,058	\$	1,900,481.28	\$ 375.74	.039	\$ 2964.87	\$	14.47

@XOVER EXCLUDING STATE HOSP** 72 172 \$ 3,189.24 \$ 18.54 .001 \$ 44.30 \$.02

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,921

MOPO24 FEE-FOR-SERVICE/DENTAL
MENDOCING COUNTY SUMMARY OF SERVICES FOR 50 ALL MEDIC

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

----- MONTHLY AVERAGE -----
5,007 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

01/17/03

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,363	14,287	\$	979,891.34	\$ 68.59	2.853	\$ 414.68	\$	195.70
@PHYSICIANS SERVICES	421	1,190	\$	57,121.55	\$ 48.00	.238	\$ 135.68	\$	11.41
OUTPATIENT VISITS	143	185		8,049.10	43.51	.037	56.29		1.61
OFFICE VISITS	109	140		4,652.24	33.23	.028	42.68		.93
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	12	13		609.90	46.92	.003	50.83		.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	20	28		2,688.32	96.01	.006	134.42		.54
OTHER OUTPATIENT	3	4		98.64	24.66	.001	32.88		.02
INPATIENT VISITS	37	135		8,853.85	65.58	.027	239.29		1.77
HOSPITAL VISITS	31	92		4,361.20	47.40	.018	140.68		.87
CRITICAL CARE	7	41		4,438.95	108.27	.008	634.14		.89
SNF/ICF/TRANS IP CARE	2	2		53.70	26.85	.000	26.85		.01
OPHTHALMOLOGICAL SERVICES	8	10		503.02	50.30	.002	62.88		.10
EXAMINATIONS	8	10		503.02	50.30	.002	62.88		.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	38	142		16,387.05	115.40	.028	431.24		3.27
PRINCIPAL SURGEON	26	29		13,799.06	475.83	.006	530.73		2.76
ASSISTANT SURGEON	3	3		460.88	153.63	.001	153.63		.09
ANESTHESIOLOGIST	11	110		2,127.11	19.34	.022	193.37		.42
OUTPATIENT SURGERY	48	217		9,060.05	41.75	.043	188.75		1.81
PRINCIPAL SURGEON	31	50		5,826.74	116.53	.010	187.96		1.16
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22		.02
ANESTHESIOLOGIST	18	166		3,126.09	18.83	.033	173.67		.62
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	46	84		2,162.05	25.74	.017	47.00		.43
RADIOLOGY	191	347		8,531.54	24.59	.069	44.67		1.70
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	6		241.80	40.30	.001	40.30		.05
OTHER SERVICES/ALL X-OVERS	47	64		3,333.09	52.08	.013	70.92		.67
@PHARMACY	939	3,209	\$		\$ 35.96	.641		Ś	23.05
PRESCRIPTION DRUGS	930	2,029	т	112,987.46	55.69	.405	121.49	-	22.57
SNF/ICF	20	130		9,237.37	71.06	.026	461.87		1.84
OUTPATIENTS	911	1,899		103,750.09	54.63	.379	113.89		20.72
MEDICAL SUPPLIES	31	1,180		2,412.68	2.04	.236	77.83		.48
@DENTIST	121	489	\$		\$ 34.60	.098		Ś	3.38
VISITS - DIAGNOSTIC	95	334	т	5,095.43	15.26	.067	53.64	-	1.02
ORAL SURGERY	22	64		6,507.00	101.67	.013	295.77		1.30
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	9	9		322.00	35.78	.002	35.78		.06
PERIODONTICS	1	2		.00	.00	.000	.00		.00
ENDODONTICS	8	13		2,224.00	171.08	.003	278.00		. 44
RESTORATIVE DENTISTRY	17	52		1,917.00	36.87	.010	112.76		.38
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	2		222.00	111.00	.000	222.00		.04

MAXILLOFACIAL SERVICES	1	2	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	10	10	630.00	63.00	.002	63.00		.13
ALL OTHER SERVICES	1	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	6,922
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/	17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 59 ALL ME	DICALLY INDIGENT					

							M	CNO	THLY AVERA	GE	
5,007 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	37	105	\$	2,415.29	\$	23.00	.021	\$	65.28	\$.48
DIAGNOSTIC AND ANC. PROCED	29	29		1,358.92		46.86	.006		46.86		.27
EYE APPLIANCES	26	76		1,056.37		13.90	.015		40.63		.21
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.01
VISITS	1	2		33.44		16.72	.000		33.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13	14	\$	505.25	\$	36.09	.003	\$	38.87	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	7	8	\$	1,784.41	\$	223.05	.002	\$	254.92	\$.36
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	658	3 , 285	\$	467,918.30	\$	142.44	.656	\$	711.12	\$	93.45
HOSP INPATIENT TOTAL	52	177		374,513.14		2115.89	.035		7202.18		74.80
HSC HOSPITALS	4	28		6,609.76		236.06	.006		1652.44		1.32
NON-HSC HOSPITAL TOTAL	49	149		367,903.38		2469.15	.030		7508.23		73.48
ACCOMMODATIONS	46	149		104,685.82		702.59	.030		2275.78		20.91

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	46	149		104,685.82	702.59	.030	2275.78		20.91
ANCILLARIES	49	0		263,217.56	.00	.000	5371.79		52.57
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	626	3,108		93,405.16	30.05	.621	149.21		18.65
MEDICAL	327	493		26,405.09	53.56	.098	80.75		5.27
SURGERY	45	58		4,061.39		.012	90.25		.81
PATHOLOGY	297	1,033		12,384.87	11.99	.206	41.70		2.47
RADIOLOGY	157	244		16,289.03		.049	103.75		3.25
ROOM USE	369	489		20,133.36		.098	54.56		4.02
CROSSOVERS/ALL OTH OUTPTNT	248	791		14,131.42	17.87	.158	56.98		2.82
@COUNTY HOSPITAL TOTAL	6	44	\$	1,062.42	\$ 24.15	.009	177.07	\$.21
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	44		1,062.42	24.15	.009	177.07		.21
MEDICAL	4	4		79.02	19.76	.001	19.76		.02
SURGERY	2	3		103.60	34.53	.001	51.80		.02
PATHOLOGY	2	8		143.88	17.99	.002	71.94		.03
RADIOLOGY	1	1		56.53	56.53	.000	56.53		.01
ROOM USE	5	9		527.12	58.57	.002	105.42		.11
CROSSOVERS/ALL OTH OUTPINT	3	19		152.27	8.01	.004	50.76		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU DE	EC 2002	PA	GE 6,923
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 59 AL	L MEI	DICALLY INDIGENT					
						MON	ITHLY AVERA	GE -	
5,007 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		T UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CA	RE		PER UNIT/DA	_	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	652	3,241	\$	466,855.88	\$ 144.05	.647			93.24
COMM HOOD THEFTHE HORST	Ε Δ	177		274 [12 14	0115 00	005	7202 10		7400

5,007 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	652	3,241	\$ 466,855.88	\$ 144.05	.647	\$ 716.04	\$ 93.24
COMM HOSP INPATIENT TOTAL	52	177	374,513.14	2115.89	.035	7202.18	74.80
HSC HOSPITALS	4	28	6,609.76	236.06	.006	1652.44	1.32
NON-HSC HOSPITALS TOTAL	49	149	367,903.38	2469.15	.030	7508.23	73.48
ACCOMMODATIONS	46	149	104,685.82	702.59	.030	2275.78	20.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	149	104,685.82	702.59	.030	2275.78	20.91
ANCILLARIES	49	0	263,217.56	.00	.000	5371.79	52.57
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	620	3,064	92,342.74	30.14	.612	148.94	18.44
MEDICAL	323	489	26,326.07	53.84	.098	81.50	5.26
SURGERY	43	55	3 , 957.79	71.96	.011	92.04	.79
PATHOLOGY	295	1,025	12,240.99	11.94	.205	41.49	2.44
RADIOLOGY	156	243	16,232.50	66.80	.049	104.05	3.24
ROOM USE	364	480	19,606.24	40.85	.096	53.86	3.92
CROSSOVERS/ALL OTH OUTPINT	245	772	13,979.15	18.11	.154	57.06	2.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	504	\$	56,949.80	\$	113.00	.101	\$	2997.36	\$	11.37
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	504		56,949.80		113.00	.101		2997.36		11.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	38	\$	489.96	\$	12.89	.008	\$	122.49	\$.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	38		489.96		12.89	.008		122.49		.10
@LABORATORY FACILITY	151	297	\$	7,313.61	\$	24.62	.059	\$	48.43	\$	1.46
PATHOLOGY	151	297		7,313.61		24.62	.059		48.43		1.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	998	1,856	\$	154,558.72	\$	83.28	.371	\$	154.87	\$	30.87
CLINIC	59	303		5,538.82		18.28	.061		93.88		1.11
SURGICENTER	4	18		612.18		34.01	.004		153.05		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	953	1,535		148,407.72		96.68	.307		155.73		29.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES 1	MONTH-OF-PAYMENT RE	EPOR'	r for Jan 20	02 THRU	DEC	2002	PF	AGE 6,924
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/17/03

----- MONTHLY AVERAGE -----USERS 5,007 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 257 383.20 \$ @ALL OTHER PROVIDERS 3,290 98,483.44 29.93 .657 \$ 19.67 32,199.13 473.52 DURABLE MED. EQUIP. 18 68 .014 1788.84 6.43 .00 BLOOD BANK 0 0 .00 .000 .00 .00 1 143.73 143.73 HEARING AID DISPENSERS 71.87 .000 .03 MEDICAL TRANSPORTATION 33 1,097 32,577.62 29.70 .219 987.20 6.51 16,879.77 AMBULANCES/AIR TRANS 1,083 15.59 .216 527.49 3.37 OTHER TRANS 1 5 22.85 4.57 .001 22.85 .00 15,675.00 OTHER SERVICES 9 9 1741.67 .002 1741.67 3.13 ACUPUNCTURE 1,021.85 16.75 .012 42.58 .20 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 15 15 1,185.00 79.00 .003 79.00 .24 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 2 13 194.84 97.42 OCCUPATIONAL THERAPIST 14.99 .003 .04 41 97 OPTICIAN 963.84 9.94 .019 23.51 .19 17.44 .001 69.75 PHYSICAL THERAPIST 69.75 .01 PORTABLE X-RAY 0 .00 .00 .00 .00 .000 20 PROSTHETIST/ORTHOTISTS 2,773.87 138.69 .004 308.21 .55 PROSTHETICS 19 2,685.18 141.33 335.65 .54 .004 1 88.69 88.69 88.69 .02 ORTHOTICS .000 0 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 18 90 2,912.98 32.37 .018 161.83 .58 .000 HOSPICE SERVICES 0 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

MENDOCINO COUNTY

LOCAL EDUCATION AGENCIES	100	1,822	19,354.16	10.62	.364	193.5	4	3.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0)	.00
ALL OTHER PROVIDERS	1	1	5,086.67	5086.67	.000	5086.6	7	1.02
@CALIF. CHILDREN SERVICES*	48	167	\$ 58,974.40	\$ 353.14	.033	\$ 1228.6	3 \$	11.78
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 70.84	\$ 23.61	.001	\$ 70.8	4 \$.01

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	L DIAL	YSIS	AID CO			
								ITHLY AVERAC	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		r UNITS/DAYS		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAG	GE 6,926
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 60 RENA	L DI	ALYSIS	AID CO	DES			
						MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOOD OHEDSETTINE HORST	^	^		0.0	0.0	000	0.0		0.0

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HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

0

0

0

0

0

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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ADMINISTRATIVE DAYS	0	0	. (0 .00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (0 .00	.000	.00	.00
ALL OTHER ACCOM	0	0	. (0 .00	.000	.00	.00
ANCILLARIES	0	0	. (0 .00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	. (0 .00	.000	.00	.00
ALL OTHER INPATIENT	0	0	. (0 .00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	. (0 .00	.000	.00	.00
MEDICAL	0	0	. (0 .00	.000	.00	.00
SURGERY	0	0	. (0 .00	.000	.00	.00
PATHOLOGY	0	0	. (0 .00	.000	.00	.00
RADIOLOGY	0	0	. (0 .00	.000	.00	.00
ROOM USE	0	0	. (0 .00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	. (0 .00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	I 2002 THRU DE	C 2002	PAGE 6,927
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	S FOR 60 RENAL	DIALYSIS	AID C	CODES		
					MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURE	S AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$. (0 \$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	. (0 .00	.000	.00	.00
HSC HOSPITALS	0	0	. (0 .00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	. (0 .00	.000	.00	.00
ACCOMMODATIONS	0	0	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (.000	.00	.00
ALL OTHER ACCOM	0	0	. (.000	.00	.00
ANCILLARIES	0	0	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	. (0 .00	.000	.00	.00

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COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

0

0

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	•					
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0 4	.00	.00	.000	.00	.00
	0	0					
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
	0						
ICF DD	U	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	n	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0						
INDEPENDENT FACILITY	U	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0					
HEROIN DETOX CLINIC	U	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 6,928
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	CES FOR 60 RENAL I	DIALYSIS	AID C	ODES		
						THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COC	T UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USEKS		EVLENDIIOVE2			USER	
0	0	OR DAYS OF CARE	0.0	PER UNIT/DA			ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
	0	0		.00			.00
OTHER TRANS	· ·	· ·	.00		.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
	0	0					
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,929
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCING COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION ALD CODES

MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 61 TOTAL	PARENT	FERAL NUTRITION	AID CC	DES		
						MON	ITHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 200	2 THRU DEC	2002	PAGE 6,930
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CODES	5		

MENDOCINO COUNTI	SUMMART OF SERV	ICES FOR OI IC	JIAH EA	WENTENAL MOTETION	AID CO					
						MO			-	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	AVERAGE COST		3	COST PER		COST PER
		OR DAYS OF CA	ARE		PER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 200	2 THRU DE	C 2002	PAGE 6,931
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MON	THLY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 211 2 1 0 1 1 0 1	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0		0	۲	.00	Ÿ	.00	.000	۲	.00	Ÿ	.00
	0		0									
HEMODIALYSIS CENTER	0		0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@REHABILITATION FACILITY	U		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	U		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U		0		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0		0	\$.00	Ş	.00	.000	Ş	.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MC	NTH-OF-PAYMENT RE	PORT FO	OR JAN	2002 THRU	DEC	2002	PAGE	6,932
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	ES FOR	61 TOTA	L PAF	RENTERAL NUTRITION		AID CO	DES				
MENDOCINO COUNTY	SUMMARY OF SERVICE	ES FOR	61 TOTA	L PAF	RENTERAL NUTRITION		AID CO	-	IONT	HLY AVERA	GE	
MENDOCINO COUNTY 00 ELIGIBLES		ES FOR			RENTERAL NUTRITION EXPENDITURES			-		HLY AVERAG		 Γ PER
	USERS UN		SERVICE			AVERA		M UNITS/DAY	S		COST	 I PER GIBLE
00 ELIGIBLES	USERS UN	NITS OF	SERVICE			AVERA	GE COST	M UNITS/DAY	S ;	COST PER	COST	
00 ELIGIBLES @ALL OTHER PROVIDERS	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES	AVERA	GE COST	M UNITS/DAY PER ELIG	S ;	COST PER USER	COST ELIC	GIBLE
00 ELIGIBLES	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00	AVERA	GE COST NIT/DAY .00	UNITS/DAY PER ELIG	S ;	COST PER USER .00	COST ELIC	.00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00	AVERA	GE COST	M UNITS/DAY PER ELIG	S ;	COST PER USER .00	COST ELIC	.00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00	AVERA	GE COST NIT/DAY .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000	S ;	COST PER USER .00 .00 .00	COST ELIC	.00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00	AVERA	GE COST NIT/DAY .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000	S ;	COST PER USER .00 .00 .00 .00	COST ELIC	.00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00	AVERA	GE COST NIT/DAY .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000	S ;	USER	COST ELIC	.00 .00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES	AVERA	GE COST NIT/DAY .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S ;	USER	COST ELIC	.00 .00 .00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERA	GE COST NIT/DAY .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S ;	USER	COST ELIC	.00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA	GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S ;	USER	COST ELIC	.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS UN	NITS OF	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERA	GE COST NIT/DAY .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S ;	USER	COST ELIC	.00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,933 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 .00 .000 \$.00 \$.00 \$.00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DEC	2002	PAGE 6,934
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56 ----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 \$.00 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$.00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	EC 2002	PAGE 6,935
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AI	D CODES 51 52	2 56		
						MON	ITHLY AVERAC	GE

							M	ON'I'.	HLY AVERA	GE -	
RS	UNITS OF SERVICE	1	EXPENI	ITURES	AVERA(GE COST	UNITS/DAY	S	COST PER	(COST PER
	OR DAYS OF CARE	1			PER UI	VAC/TIV	PER ELIG		USER	I	ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0			.00		.00	.000		.00		.00
0	0			.00		.00	.000		.00		.00
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	CRS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE PER UNIT/DAY 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 <td< td=""><td> Note</td><td> Note</td><td> Note</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 1 0 0 \$.00 \$.00 \$.00 \$ 0 0 .0</td></td<>	Note	Note	Note	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 1 0 0 \$.00 \$.00 \$.00 \$ 0 0 .0

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	. (0		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	. (.00
LEV B-REGULAR	0	0		.00	.00	.000	. (.00
@INTERMEDIATE CARE FACILDD	0	0	Ġ	.00	\$.00	.000		0 \$.00
ICF DDH	0	0	Y	.00	.00	.000	.(.00
ICF DD	0	0		.00	.00	.000	. (.00
ICF DDV/DDCN	0	0		.00	.00	.000	. (.00
@HEMODIALYSIS TOTAL	0	0	Ċ	.00	\$.00	.000		0 \$.00
-	0	0	Ą		,					.00
HOSPITAL BASED	0	0		.00	.00	.000	. (
HEMODIALYSIS CENTER	0	0	<u>^</u>	.00	.00	.000	. (.00
@REHABILITATION FACILITY	0	0	۶	.00	\$.00	.000		0 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	. (.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	. (.00
@LABORATORY FACILITY	0	0	Ş	.00	\$.00	.000	•	0 \$.00
PATHOLOGY	0	0		.00	.00	.000	. (.00
XO AND OTHERS	0	0		.00	.00	.000	. (0		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.(0 \$.00
CLINIC	0	0		.00	.00	.000	. (0		.00
SURGICENTER	0	0		.00	.00	.000	. (0		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	. (0		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	. (0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-C	F-PAYMENT REF	PORT FOR JA	N 2002 THRU	DEC 2002		PAGE	6,936
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AII	CODES 51	52 56				
						N	ONTHLY AVE	RAGE		

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,937

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						MO	NTHLY AVERA	GE
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	633	5 , 298 \$	5	314,837.61	\$ 59.43	3.544	\$ 497.37	\$ 210.59
@PHYSICIANS SERVICES	212	574 \$	5	34,383.10	\$ 59.90	.384	\$ 162.18	\$ 23.00
OUTPATIENT VISITS	50	135		5,937.62	43.98	.090	118.75	3.97
OFFICE VISITS	7	12		512.98	42.75	.008	73.28	.34
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		208.81	52.20	.003	52.20	.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	40	119		5,215.83	43.83	.080	130.40	3.49
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	37	72		3,417.54	47.47	.048	92.37	2.29
HOSPITAL VISITS	36	70		3,126.06	44.66	.047	86.84	2.09
CRITICAL CARE	2	2		291.48	145.74	.001	145.74	.19
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	133		17,002.04	127.83	.089	548.45	11.37
PRINCIPAL SURGEON	19	22		14,161.11	643.69	.015	745.32	9.47
ASSISTANT SURGEON	3	3		546.88	182.29	.002	182.29	.37
ANESTHESIOLOGIST	12	108		2,294.05	21.24	.072	191.17	1.53
OUTPATIENT SURGERY	12	56		2,477.84	44.25	.037	206.49	1.66
PRINCIPAL SURGEON	7	7		1,511.30	215.90	.005	215.90	1.01

ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	6	49		966.54	19.73	.033		161.09	.65
DIALYSIS	0	0		.00	.00	.000		.00	.00
PATHOLOGY	23	45		843.39	18.74	.030		36.67	.56
RADIOLOGY	96	121		3,985.83	32.94	.081		41.52	2.67
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.52	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	11	12		718.32	59.86	.008		65.30	.48
@PHARMACY	143	286	\$	10,469.69	\$ 36.61	.191	\$	73.21	\$ 7.00
PRESCRIPTION DRUGS	134	251		8,464.96	33.72	.168		63.17	5.66
SNF/ICF	0	0		.00	.00	.000		.00	.00
OUTPATIENTS	134	251		8,464.96	33.72	.168		63.17	5.66
MEDICAL SUPPLIES	15	35		2,004.73	57.28	.023		133.65	1.34
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00	.00
ORAL SURGERY	0	0		.00	.00	.000		.00	.00
DRUGS	0	0		.00	.00	.000		.00	.00
ANESTHESIA	0	0		.00	.00	.000		.00	.00
PERIODONTICS	0	0		.00	.00	.000		.00	.00
ENDODONTICS	0	0		.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00	.00
PROSTHETICS	0	0		.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00	.00
#CALLE DEDE OF HEALTH CEDIA	NEDT CAT CEDITOEC	AND DVDDNDIDID	TO MONTH	I OF DAVAGNED DI	EOD TANK	2002 miinii	DEC	2002	(0 2 0

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,938 MOP024 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						M	CNO	THLY AVERA	GE.	
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	12	12	\$ 328.68	\$	27.39	.008	\$	27.39	\$.22
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1	\$ 671.64	\$	671.64	.001	\$	671.64	\$.45
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	364	2,109	\$ 245,559.78	\$	116.43	1.411	\$	674.61	\$	164.25
HOSP INPATIENT TOTAL	32	106	201,425.20		1900.24	.071		6294.54		134.73
HSC HOSPITALS	2	3	3,985.00		1328.33	.002		1992.50		2.67
NON-HSC HOSPITAL TOTAL	30	103	197,440.20		1916.90	.069		6581.34		132.07
ACCOMMODATIONS	27	103	73,848.09		716.97	.069		2735.11		49.40

01/17/03

ADMINISTRATIVE DAYS	0	0	66.39CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	103	73,914.48	717.62	.069	2737.57	49.44
ANCILLARIES	30	0	123,592.11	.00	.000	4119.74	82.67
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	346	2,003	44,134.58	22.03	1.340	127.56	29.52
MEDICAL	85	130	6,870.05	52.85	.087	80.82	4.60
SURGERY	21	25	1,158.45	46.34	.017	55.16	.77
PATHOLOGY	175	581	5,984.88	10.30	.389	34.20	4.00
RADIOLOGY	82	91	4,944.08	54.33	.061	60.29	3.31
ROOM USE	137	213	7,789.66	36.57	.142	56.86	5.21
CROSSOVERS/ALL OTH OUTPTNT	125	963	17,387.46	18.06	.644		11.63
@COUNTY HOSPITAL TOTAL	0	0 \$	290.32	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00
ANCILLARIES	0	0	.00	.00	.000		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0	290.32	.00	.000		.19
MEDICAL	0	0	43.30	.00	.000		.03
SURGERY	0	0	51.95	.00	.000		.03
PATHOLOGY	0	0	5.49	.00	.000		.00
RADIOLOGY	0	0	22.69	.00	.000	.00	.02
ROOM USE	0	0	146.77	.00	.000	.00	.10
CROSSOVERS/ALL OTH OUTPTNT	7	0	20.12	.00	.000	.00	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 6,939
	FEE-FOR-SERVICE						01/17/03
MENDOCINO COUNTY		VICES FOR 63 MI/MN ALI	EN WITHOUT SIS AII	O CODE 55 58 5	5F		,,
						THLY AVERA	GE
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	2,109 \$	245,269.46	\$ 116.30	1.411 \$	673.82	\$ 164.06
COMM HOSP INPATIENT TOTAL	32	106	201,425.20	1900.24	.071	6294.54	134.73
HSC HOSPITALS	2	3	3,985.00	1900.24 1328.33	.002	1992.50	2.67
NON-HSC HOSPITALS TOTAL	30	103	197,440.20	1916.90	.069		132.07
ACCOMMODATIONS	27	103		716.97	.069		49.40
ADMINISTRATIVE DAYS	0	0	66.39CR		.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	2,109 \$	245,269.46	\$ 116.30	1.411 \$	673.82	\$ 164.06
COMM HOSP INPATIENT TOTAL	32	106	201,425.20	1900.24	.071	6294.54	134.73
HSC HOSPITALS	2	3	3,985.00	1328.33	.002	1992.50	2.67
NON-HSC HOSPITALS TOTAL	30	103	197,440.20	1916.90	.069	6581.34	132.07
ACCOMMODATIONS	27	103	73,848.09	716.97	.069	2735.11	49.40
ADMINISTRATIVE DAYS	0	0	66.39CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	103	73,914.48	717.62	.069	2737.57	49.44
ANCILLARIES	30	0	123,592.11	.00	.000	4119.74	82.67
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	346	2,003	43,844.26	21.89	1.340	126.72	29.33
MEDICAL	85	130	6 , 826.75	52.51	.087	80.31	4.57
SURGERY	21	25	1,106.50	44.26	.017	52.69	.74
PATHOLOGY	175	581	5,979.39	10.29	.389	34.17	4.00
RADIOLOGY	82	91	4,921.39	54.08	.061	60.02	3.29
ROOM USE	137	213	7,642.89	35.88	.142	55.79	5.11
CROSSOVERS/ALL OTH OUTPTNT	125	963	17,367.34	18.03	.644	138.94	11.62
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	58	126	\$	2,621.33	\$	20.80	.084	\$	45.20	\$	1.75
PATHOLOGY	58	126		2,621.33		20.80	.084		45.20		1.75
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	108	167	\$	17,532.21	\$	104.98	.112	\$	162.34	\$	11.73
CLINIC	2	4		191.15		47.79	.003		95.58		.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	106	163		17,341.06		106.39	.109		163.59		11.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT RE	EPORI	FOR JAN 20	02 THRU	DEC	2002	PA	GE 6,940
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

1,495 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 27 2,023 3,271.18 1.62 1.353 \$ 121.15 \$ 2.19 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 BLOOD BANK 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 29.64 .00 .000 .00 .02 AMBULANCES/AIR TRANS 29.64 .00 .000 .00 .02 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 21 21 1,942.00 92.48 .014 92.48 1.30 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .00 .00 .000 PROSTHETIST/ORTHOTISTS 177.38 88.69 .001 88.69 .12 PROSTHETICS .00 .00 .00 .000 .00 177.38 ORTHOTICS 88.69 .001 88.69 .12 .00 .00 .00 PSYCHOLOGIST .00 .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00

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SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----

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MENDOCINO COUNTY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	2,000	1,122.16	.56	1.338	224.43	.75
@CALIF. CHILDREN SERVICES*	9	25	\$ 1,559.55	\$ 62.38	.017	\$ 173.28	\$ 1.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,941 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE/DEN	NTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	5 FOR	64 REFU	GEES	A	ID CODE	S 01 02	08				
								MC	HTNC	LY AVERAC	GE -	
03 ELIGIBLES	USERS UNI	ITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	S C	OST PER	С	OST PER
	OR	R DAYS (OF CARE			PER U	NIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	17.32	\$.00	.000		.00	\$	5.77
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DE							0	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	es for 64 refu	JGEES	AI	D CODES 01 02	08			
							THLY AVERA		
03 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		NITS OF SERVICE OR DAYS OF CARE	C .		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COS ELI	GIBLE
@OPTOMETRIST				.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COS	GIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED			C .	.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES			C .	.00 .00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			\$.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR			C .	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COS ELI	GIBLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			E \$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			E \$.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			E \$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$.00	•		\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	11.52			\$.00	\$ 3.84
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	11.52	.00	.000	.00	3.84
MEDICAL	0	0	7.91	.00	.000	.00	2.64
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.61	.00	.000	.00	1.20
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT I	REPORT FOR JAI	N 2002 THRU D	EC 2002	PAGE 6,943
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	JICES FOR 64 REFUGEES	Ï	AID CODES 01	02 08		
					MC	NTHLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE		- ,	AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	11.52		.000		\$ 3.84
COMM HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	11.52	\$.00	.000 \$.00	\$ 3.84
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	11.52	.00	.000	.00	3.84
MEDICAL	0	0	7.91	.00	.000	.00	2.64

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		3.61		.00	.000	.00		1.20
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
-	0	0	Ą		Ą			•	ې	
MENTALLY ILL	U	ŭ		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	٧	.00	۲	.00	.000	.00	Y	.00
	0	0								
ICF DD	0			.00		.00	.000	.00		.00
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	Т	.00	т	.00	.000	.00	т.	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	5.80	\$.00		\$.00	\$	1.93
-	0	0	۲	.00	۲	.00	.000	.00	ې	
CLINIC	0	0								.00
SURGICENTER	U	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		5.80		.00	.000	.00		1.93
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUF E/DENTAL	RES M	ONTH-OF-PAYMENT R	EPORT	r for Jan 2	2002 THRU DI	EC 2002	P	AGE 6,944 01/17/03
MENDOCINO COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	JGEES	A	ID CO	DDES 01 02	0.8			
							MOI	NTHLY AVERA	GE ·	
03 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
**		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	Ś	.00	.000		\$.00
DURABLE MED. EQUIP.	0	0	۲	.00	۲	.00	.000	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
	0	0								
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	U	U		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	•									
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES OM ON

PAGE 6,945

01/17/03

FIENDOCINO COONTI	SOMMAN OF SER	VICES FOR 05 DCC	עניי דו	EIAL	AID CODES ON	MON'	THIV AVERA	2F
19 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST		COST PER	COST PER
19 E11010105	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	290	\$	12,513.27	\$ 43.15	15.263 \$	595.87	
@PHYSICIANS SERVICES	14	62	\$	•	\$ 52.34	3.263 \$	231.80	•
OUTPATIENT VISITS	4	5	т	283.02	56.60	.263	70.76	14.90
OFFICE VISITS	4	4		227.90	56.98	.211	56.98	11.99
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		55.12	55.12	.053	55.12	2.90
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14		881.29	62.95	.737	440.65	46.38
PRINCIPAL SURGEON	1	1		705.88	705.88	.053	705.88	37.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		175.41	13.49	.684	175.41	9.23
OUTPATIENT SURGERY	7	24		1,298.55	54.11	1.263	185.51	68.34
PRINCIPAL SURGEON	6	7		984.44	140.63	.368	164.07	51.81
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17		314.11	18.48	.895	314.11	16.53
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	11		594.86	54.08	.579	148.72	31.31
RADIOLOGY	6	8		187.49	23.44	.421	31.25	9.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	15	55	\$	3,454.56		2.895 \$		•
PRESCRIPTION DRUGS	15	55		3,454.56	62.81	2.895	230.30	181.82
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	15	55		3,454.56	62.81	2.895	230.30	181.82

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00	.0	000.		.00		.00
@DENTIST	0	0	\$.00	\$.0		\$.00	\$.00
_	0	0	Ş				Ą		Ş	
VISITS - DIAGNOSTIC	0			.00	.0			.00		.00
ORAL SURGERY		0		.00	.0			.00		.00
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	0	0		.00	.0			.00		.00
PERIODONTICS	0	0		.00	.0			.00		.00
ENDODONTICS	0	0		.00	.0			.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.0			.00		.00
PROSTHETICS	0	0		.00	.0			.00		.00
DENTURES, STAYPLATES	0	0		.00	.0			.00		.00
SPACE MAINTAINERS	0	0		.00	.0			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.0	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.0	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.0	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	PORT FOR J.	AN 2002 THRU	DEC	2002	P	AGE 6,946
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 65 BCC	CTP-FE	DERAL	AID CODES	OM ON				
]	INON	HLY AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE C	OST UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF CAR	RE		PER UNIT/			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.0	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	.0		·	.00		.00
EYE APPLIANCES	0	0		.00	.0			.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.0			.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.0		\$.00	\$.00
VISITS	0	0		.00	.0			.00		.00
OTHER SERVICES	0	0		.00	.0			.00		.00
@PODIATRIST	0	0	\$.00	\$.0		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	Υ	.00	.0		Ψ.	.00	۲	.00
SURGERY/ANES.	0	0		.00	.0			.00		.00
RADIO./PATHOLOGY	0	0		.00	.0			.00		.00
OTHER	0	0		.00	.0			.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.0		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.0		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.0		\$.00	\$.00
	0	0	۶ \$						\$	
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	,		\$.00		.00
FAMILY NURSE PRACTITIONER	0		۶ \$.00	\$.0		\$.00	\$.00
@TOTAL HOSPITAL	11	72	Ş	2,943.39	\$ 40.8		\$	267.58	\$	154.92
HOSP INPATIENT TOTAL	0	0		.00	.0			.00		.00
HSC HOSPITALS	0	0		.00	.0			.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.0			.00		.00
ACCOMMODATIONS	0	0		.00	.0			.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0			.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0			.00		.00
ALL OTHER ACCOM	0	0		.00	.0			.00		.00
ANCILLARIES	0	0		.00	.0			.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0			.00		.00
ALL OBJED INDABLEME	0	0		0.0	0	2 000		0.0		0.0

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

11

0

72

1

2

34

15

.00

2,943.39

14.32

155.35

579.93 1,584.07 483.73 .00

40.88

14.32

77.68 17.06

105.60

60.47

.000

3.789

.053

.105

.789

.421

1.789

.00

267.58

14.32

77.68

115.99

176.01

161.24

.00

.75

8.18

30.52

83.37

25.46

CROSSOVERS/ALL OTH OUTPTNT	3	12	125.99	10.50	.632	42.00	6.63
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 6,947
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 65 BCCTP-FE	EDERAL	AID CODES 0M	ON		
					MON'	THLY AVERA	GE
19 ELIGIBLES	USERS UNITS (OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	72 \$	2,943.39	\$ 40.88	3.789 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OBJED ACCOM	0	0		.00	1	.00	.000		.00		0.0
ALL OTHER ACCOM	0	0									.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	72		2,943.39	9	40.88	3.789		267.58		154.92
MEDICAL	1	1		14.32	2	14.32	.053		14.32		.75
SURGERY	2	2		155.35	5	77.68	.105		77.68		8.18
PATHOLOGY	5	34		579.93	3	17.06	1.789		115.99		30.52
RADIOLOGY	9	15		1,584.07		105.60	.789		176.01		83.37
ROOM USE	3	8		483.73		60.47	.421		161.24		25.46
CROSSOVERS/ALL OTH OUTPTNT	2	12		125.99		10.50	.632		42.00		6.63
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
	0		Ą					Ą		Ą	
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	Ś	.00
ICF DDH	0	0	۲	.00		.00	.000	٧	.00	Y	.00
	0	0		.00		.00			.00		
ICF DD	U	•					.000				.00
ICF DDN/DDCN	U	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	Ü	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	315.40) \$	78.85	.211	\$	157.70	\$	16.60
PATHOLOGY	2	4	•	315.40		78.85	.211		157.70		16.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	21	\$	1,572.25		74.87	1.105	\$	157.23	Ś	82.75
CLINIC	0	0	Υ	.00		.00	.000	۲	.00	Ψ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0				.00					
HEROIN DETOX CLINIC				.00			.000		.00		.00
RURAL HEALTH CLINIC	10	21	TIID DO	1,572.25		74.87	1.105	550	157.23	_	82.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		rures .	MONTH-OF-PAYMENT	REPOR'	I FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 6,948
MOP024	FEE-FOR-SERVICE/I					_	_				01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICE	CES FOR 65 BO	CCTP-F	EDERAL	AII	O CODES OM					
							M			-	
19 ELIGIBLES	USERS (NITS OF SERV		EXPENDITURES			'UNITS/DAY		COST PER		COST PER
		OR DAYS OF CA	ARE		PEI	R UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	76	\$	982.46	5 \$	12.93	4.000	\$	163.74	\$	51.71
DURABLE MED. EQUIP.	0	0		.00)	.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
OTHER TRANS		0									.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00)	.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00)	.00
OPTICIAN	0	0	.00		.00	.000	.00)	.00
PHYSICAL THERAPIST	6	76	982.46	12.	. 93	4.000	163.74	l	51.71
PORTABLE X-RAY	0	0	.00		.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00)	.00
PROSTHETICS	0	0	.00		.00	.000	.00)	.00
ORTHOTICS	0	0	.00		.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.	.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,949
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 6,950
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

MENDOCINO COUNTY

MENDOCINO COUNTI	SOMMANI OF SERVICES FO	K 00 BCCI	L-SIMIL	Z-ONLI	AID	CODE2 OK	01				
							MC	ГИC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DA	YS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 6,951
MOP024	FEE-FOR-SERVICE		WIII OF TATMENT IX	HORT FOR OAN A	2002 IIIKO DE	10 2002	01/17/03
				ATD GODEG OD	0.Ε.		01/11/03
			'I'H' — ()NI I . Y				
MENDOCINO COUNTY	SUMMARY OF SERV	/ICES FOR 66 BCCTP-STA	TE-ONLY	AID CODES OR		ITHIY AVERA	GE
					MON		GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	TE-ONLY EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	Λ		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
•	0	0	ş	.00	Ą		.000	Ą	.00	Ą	
ICF DDH	0	0				.00					.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	•	.00		.00	.000	_	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ş	.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-C	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	6,952
MOP024	FEE-FOR-SERVICE/DENT	'AL								0	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES	FOR 66 BCCT	P-STATE-ON	1LY	AID	CODES OR	OT				
							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EΣ	KPENDITURES	AVER	AGE COST	UNITS/DAY		COST PER		T PER
**		DAYS OF CARE				UNIT/DAY	PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	Ś	.00	Ś	.00	.000			\$.00
DURABLE MED. EQUIP.	0	0	т	.00	7	.00	.000	7	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
THE TOAT TRANSTORIATION	O	O		.00		. 0 0	.000		• 0 0		• 0 0

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE IN	IFORMATION I	TEM ONLY.					

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,953
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MC	NTHLY AVERA	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	290 \$	12,513.27	\$ 43.15	15.263	\$ 595.87	\$ 658.59
@PHYSICIANS SERVICES	14	62 \$	3,245.21	\$ 52.34	3.263	\$ 231.80	\$ 170.80
OUTPATIENT VISITS	4	5	283.02	56.60	.263	70.76	14.90
OFFICE VISITS	4	4	227.90	56.98	.211	56.98	11.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.053	55.12	2.90
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	881.29	62.95	.737	440.65	46.38
PRINCIPAL SURGEON	1	1	705.88	705.88	.053	705.88	37.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	175.41	13.49	.684	175.41	9.23
OUTPATIENT SURGERY	7	24	1,298.55	54.11	1.263	185.51	68.34
PRINCIPAL SURGEON	6	7	984.44	140.63	.368	164.07	51.81

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	17	314.11	18.48	.895	314.11	1	16.53
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	4	11	594.86	54.08	.579	148.72	3	31.31
RADIOLOGY	6	8	187.49	23.44	.421	31.25		9.87
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	15	55 \$	3,454.56	\$ 62.81	2.895	\$ 230.30	\$ 18	31.82
PRESCRIPTION DRUGS	15	55	3,454.56	62.81	2.895	230.30	18	31.82
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	15	55	3,454.56	62.81	2.895	230.30	18	31.82
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00		.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.000	.00		.00
PROSTHETICS	0	0	.00		.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE	6,954

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

MENDOCINO COONII	SOMMAN OF SER	VICED FOR OT DO	CII I	JIAL							
							M	CNO	THLY AVERA	ιGΕ	
19 ELIGIBLES	USERS	UNITS OF SERV	[CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	ARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	72	\$	2,943.39	\$	40.88	3.789	\$	267.58	\$	154.92
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

A DATAMA CERTA ELLE DA MA	0		0		0.0		0.0	000	0.0		0.0
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11		72		2,943.39		40.88	3.789	267.58		154.92
MEDICAL	1		1		14.32		14.32	.053	14.32		.75
SURGERY	2		2		155.35		77.68	.105	77.68		8.18
PATHOLOGY	5		34		579.93		17.06	1.789	115.99		30.52
RADIOLOGY	9		15		1,584.07		105.60	.789	176.01		83.37
ROOM USE	3		8		483.73		60.47	.421	161.24		25.46
CROSSOVERS/ALL OTH OUTPINT	3		12		125.99		10.50	.632	42.00		6.63
@COUNTY HOSPITAL TOTAL	0		0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EX	PENDITURES	MONTH		EPORT				P.A	AGE 6,955
MOP024	FEE-FOR-SERVICE										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV		67 BCCTP-	тотат.							-, -, , , ,
			. 20011					MC	NTHLY AVERA	.GE -	
19 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS		-	COST PER
			OF CARE				UNIT/DAY		USER		ELIGIBLE
		31. 21110									

					N	10NTF	ILI AVEKA	J.G.E.	
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	rs c	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	72	\$ 2,943.39	\$ 40.88	3.789	\$	267.58	\$	154.92
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00		.00
HSC HOSPITALS	0	0	.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00		.00
ANCILLARIES	0	0	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	72	2,943.39	40.88	3.789		267.58		154.92
MEDICAL	1	1	14.32	14.32	.053		14.32		.75
SURGERY	2	2	155.35	77.68	.105		77.68		8.18
PATHOLOGY	5	34	579.93	17.06	1.789		115.99		30.52
RADIOLOGY	9	15	1,584.07	105.60	.789		176.01		83.37
ROOM USE	3	8	483.73	60.47	.421		161.24		25.46
CROSSOVERS/ALL OTH OUTPTNT	3	12	125.99	10.50	.632		42.00		6.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00)	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00)	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00)	.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0	.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00)	.00	.000		.00		.00
ICF DD	0	0	.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	1	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$ 315.40		78.85	.211	\$	157.70	\$	16.60
PATHOLOGY	2	4	315.40		78.85	.211		157.70		16.60
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	21	\$ 1,572.25		74.87	1.105	\$		\$	82.75
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	21	1,572.25		74.87	1.105		157.23		82.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PP	AGE 6,956

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----EXPENDITURES 19 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 163.74 \$ @ALL OTHER PROVIDERS 6 76 982.46 12.93 4.000 \$ 51.71 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 BLOOD BANK 0 .00 .000 .00 .00 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 0 .00 .00 .000 .00 .00 PHYSICAL THERAPIST 76 982.46 12.93 4.000 163.74 51.71 PORTABLE X-RAY .00 .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS 0 .00 .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,957 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR	68 QMB	- ONLY			AID CO	ODE				
								Mo	CAHTNC	AVERA	GE -	
214 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	s cos	ST PER	C	COST PER
		OR DAYS	OF CARE	1		PER	UNIT/DAY	PER ELIG	J	JSER	E	CLIGIBLE
@TOTAL, ALL PROVIDERS	44		140	\$	3,637.39	\$	25.98	.654	\$	82.67	\$	17.00
@PHYSICIANS SERVICES	12		14	\$	156.15	\$	11.15	.065	\$	13.01	\$.73
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	12	14		156.15	11.15	.065	13.01		.73
@PHARMACY	9	51	\$	752.08	\$ 14.75	.238	\$ 83.56	\$	3.51
•	0		ې		•			ې	
PRESCRIPTION DRUGS	0	1		28.24CR			.00		.13CR
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	1		28.24CR			.00		.13CR
MEDICAL SUPPLIES	9	50		780.32	15.61	.234	86.70		3.65
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	RES MON	TH-OF-PAYMENT RE				PAGE	E 6,958
MOP024	FEE-FOR-SERVICE		(ED FION	III OF TATMENT NE.	IONI FON OAN	2002 11110	DEC 2002		0,730
MENDOCINO COUNTY		ICES FOR 68 QMB	_ ONT V	•	AID C	ODE			11/1//05
MENDOCINO COUNTI	SUMMARI OF SERV	ICES FOR 00 QMB	- ONL1		AID C		ONTHLY AVERA	\ CE	
214 FITCIBLES	USERS	INITE OF SERVICE	7	EXPENDITURES	AVERAGE COST				משם חיים
214 ELIGIBLES	OSEKS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY				ST PER IGIBLE
CODEOMEEDICE	0			0.0					
@OPTOMETRIST	· ·	0	\$.00	\$.00	.000		Ą	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	4	4	\$		\$ 5.69	.019		\$.11
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	4	4		22.74	5.69	.019	5.69		.11
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$		\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000			.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	14	\$	1,046.03	\$	74.72	.065		174.34		4.89
HOSP INPATIENT TOTAL	1	3		812.00	·	270.67	.014	·	812.00		3.79
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	3		812.00		270.67	.014		812.00		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	11		234.03		21.28	.051		46.81		1.09
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	5	11		234.03		21.28	.051		46.81		1.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONT	'H-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002		6,959
MOP024	FEE-FOR-SERVICE/DENTAL									C	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 68 QMB ·	- ONLY			AID C	ODE				
							N	TUNO	HIY AVERA	GE	

----- MONTHLY AVERAGE -----214 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 6 14 \$ 1,046.03 74.72 .065 \$ 174.34 \$ 4.89 812.00 270.67 812.00 COMM HOSP INPATIENT TOTAL 3 .014 3.79 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES 812.00 812.00 3.79 270.67 .014 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 5 11 COMM HOSP OUTPATIENT TOTAL 234.03 21.28 .051 46.81 1.09 MEDICAL .00 .00 .000 .00 .00

SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	5		11		234.03		21.28	.051		46.81		1.09
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	•	.00	.000	·	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	2		0	\$	686.50	\$.00	.000	\$		\$	3.21
LEV A-INTERMEDIATE	0		0	·	.00	•	.00	.000	·	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	2		0		686.50		.00	.000		343.25		3.21
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0		0	·	.00	•	.00	.000	·	.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0	'	.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	\$		Ś	.00
HOSPITAL BASED	0		0	'	.00	'	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0		0	'	.00	'	.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	\$	12.00	\$	12.00	.005	\$		\$.06
CLINIC	0		0	т	.00	7	.00	.000	7	.00	-	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1		1		12.00		12.00	.005		12.00		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPEN	_	ES MONT		ZPORT			DEC		PA	GE 6,960
MOP024	FEE-FOR-SERVICE		211010		01 1111111111111111111111		2011 01111			2002		01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV		OMB ·	- ONLY			AID C	ODE				,,
			£					M	ONTE	HLY AVERA	GE -	
214 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		OST PER
		OR DAYS OF						PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	23		56	\$	961.89	\$	17.18	.262	\$	41.82	\$	4.49
DURABLE MED. EQUIP.	0		0	·	.00	•	.00	.000	·	.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1		5		50.40		10.08	.023		50.40		.24
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	1		5		50.40		10.08	.023		50.40		.24
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUDATIONAL THERADICT	0		0		0.0		0.0	000		0.0		00

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
22	51		911.49		17.87	.238		41.43		4.26
0	0	\$.00	\$.00	.000	\$.00	\$.00
44	136	\$	3,665.63	\$	26.95	.636	\$	83.31	\$	17.13
	0 0 0 0 0 0 0 0 0 0 0 22 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 22 51 911.49 0 \$.00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 22 51 911.49 0 \$.00 \$	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 22 51 911.49 17.87 0 \$.00 \$	0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 22 51 911.49 17.87 .238 0 0 \$.00 \$.00	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 22 51 911.49 17.87 .238 0 \$.00 \$.00 \$	0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 22 51 911.49 17.87 .238 41.43 0 0 \$.00 \$.00 \$	0 0 .00 .00 .000 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,961 01/17/03 MENDOCINO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

MENDOCINO COUNTI	SUMMARI OF SER	VICES FOR 69 1336	PROG	FRAM A.	ID CODES /2 /4			
						MON		-
3,144 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,191	3,520	\$	200,209.19	\$ 56.88	1.120 \$		
@PHYSICIANS SERVICES	98	276	\$	8 , 826.57	\$ 31.98	.088 \$		•
OUTPATIENT VISITS	48	67		2,084.45	31.11	.021	43.43	.66
OFFICE VISITS	46	65		2,004.38	30.84	.021	43.57	.64
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		68.98	34.49	.001	34.49	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		11.09	.00	.000	.00	.00
INPATIENT VISITS	4	14		527.50	37.68	.004	131.88	.17
HOSPITAL VISITS	4	14		527.50	37.68	.004	131.88	.17
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19		1,633.93	86.00	.006	408.48	.52
PRINCIPAL SURGEON	3	3		1,326.19	442.06	.001	442.06	.42
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16		307.74	19.23	.005	153.87	.10
OUTPATIENT SURGERY	18	106		2,906.46	27.42	.034	161.47	.92
PRINCIPAL SURGEON	8	8		950.63	118.83	.003	118.83	.30
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	98		1,955.83	19.96	.031	177.80	.62
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	9	10		259.25	25.93	.003	28.81	.08
RADIOLOGY	24	40		896.26	22.41	.013	37.34	.29
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	4		52.00	13.00	.001	52.00	.02
OTHER SERVICES/ALL X-OVERS	8	16		466.72	29.17	.005	58.34	.15
@PHARMACY	403	663	\$	12,218.42	\$ 18.43	.211 \$	30.32	\$ 3.89
PRESCRIPTION DRUGS	401	653		11,896.40	18.22	.208	29.67	3.78
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	401	653		11,896.40	18.22	.208	29.67	3.78

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	5	10	322.02		32.20	.003	64.40		.10
@DENTIST	60	410	\$ 13,755.62	\$	33.55	.130	\$ 229.26	\$	4.38
VISITS - DIAGNOSTIC	46	182	2,713.62		14.91	.058	58.99		.86
ORAL SURGERY	15	42	1,483.00		35.31	.013	98.87		.47
DRUGS	13	18	247.00		13.72	.006	19.00		.08
ANESTHESIA	3	3	300.00		100.00	.001	100.00		.10
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	13	32	1,572.00		49.13	.010	120.92		.50
RESTORATIVE DENTISTRY	27	132	7,180.00		54.39	.042	265.93		2.28
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	120.00		.00	.000	.00		.04
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	1	1	140.00		140.00	.000	140.00		.04
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
"CALTE DEDE OF HEALEH CEDIT	MEDI CAI CEDUTCEC	AND EXPENDENT	ES MONTH-OF-PAYMENT F		EUD TVM (2002 THRU DI	EC 2002	D 7	GE 6,962
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	TO MONIH-OF-PAIMENT F	CLOVI	FOR UMN 2	2002 INKO DI	EC 2002	PF	1GE 0,302
MOP024	FEE-FOR-SERVICE/DI		ES MONIH-OF-PAIMENI F	KEFOKI	FOR UAN 2	2002 IHRO DI	EC 2002	PP	01/17/03
		ENTAL			DES 72 74		EC 2002	P.F.	
MOP024	FEE-FOR-SERVICE/DE	ENTAL				8N	NTHLY AVERA		
MOP024	FEE-FOR-SERVICE/DESUMMARY OF SERVICE	ENTAL		AID CO	DES 72 74	8N		.GE -	
MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133%	PROGRAM A	AID CO	DES 72 74	8N MOI	NTHLY AVERA	.GE -	01/17/03
MOP024 MENDOCINO COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM A	AID CO	DES 72 74	8N MOI UNITS/DAYS	NTHLY AVERA COST PER USER	.GE - C E	01/17/03 COST PER
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM F	AID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY	8N MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	.GE - C E	01/17/03 COST PER CLIGIBLE
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45	AID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY 35.73	8N MOI UNITS/DAYS PER ELIG .001	NTHLY AVERA COST PER USER \$ 35.73	.GE - C E	01/17/03 COST PER CLIGIBLE .02
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45	AID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45	8N MOI UNITS/DAYS PER ELIG .001 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45	.GE - C E	01/17/03 COST PER GLIGIBLE .02 .02
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UN	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00	AID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00	GE - C E \$	01/17/03 COST PER GLIGIBLE .02 .02 .00
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UI	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00 24.00	AID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00 24.00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00	GE - C E \$	01/17/03 COST PER CLIGIBLE .02 .02 .00 .01
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UI	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00 24.00 \$.00	AID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00 24.00 .00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$.00	GE - C E \$	01/17/03 COST PER CLIGIBLE .02 .02 .00 .01 .00
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UI	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00 24.00 \$.00 .00	AID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00 24.00 .00 .00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$.00 .00	GE - C E \$	01/17/03 COST PER CLIGIBLE .02 .02 .00 .01 .00 .00
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UI	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00 24.00 \$.00 .00 .00	AID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00 24.00 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$.00 .00	GE - C E \$	01/17/03 COST PER CLIGIBLE .02 .02 .00 .01 .00 .00
MOP024 MENDOCINO COUNTY 3,144 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE USERS UI	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 71.45 47.45 .00 24.00 \$.00 .00 .00 \$.00	AID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY 35.73 47.45 .00 24.00 .00 .00 .00 .00	8N MOI UNITS/DAYS PER ELIG .001 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER \$ 35.73 47.45 .00 24.00 \$.00 .00 .00 .00	GE - C E \$	01/17/03 COST PER CLIGIBLE .02 .02 .00 .01 .00 .00 .00 .00

RADIO./FAIROLOGI	U	U		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	149.72	\$	74.86	.001	\$	149.72	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	4	5	Ś	207.94	Ś	41.59	.002	Ś	51.99		.07
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Š				.000		.00	Ċ	.00
@TOTAL HOSPITAL	186	630	ć	62 065 00	ç	00 05			338.53		20.03
		26	Ş	.00 62,965.90 41,125.34	Ą	1581.74		ې		Ą	
HOSP INPATIENT TOTAL	6			,			.008		6854.22		13.08
HSC HOSPITALS	3	18		29,340.00		1630.00	.006		9780.00		9.33
NON-HSC HOSPITAL TOTAL	3	8		11,785.34 4,885.64		1473.17 610.71	.003		3928.45		3.75
ACCOMMODATIONS	3	8				610.71	.003		1628.55		1.55
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	8		4,885.64		610.71	.003		1628.55		1.55
ANCILLARIES	3	0		6,899.70		.00	.000		2299.90		2.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	^	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	182	604		21,840.56		36.16	.192		120.00		6.95
MEDICAL	106	147		7,276.26		49.50	.047		68.64		2.31
SURGERY	19	22		2,111.68		95.99	.007		111.14		.67
PATHOLOGY	74	168		1,820.67		10.84	.053		24.60		.58
RADIOLOGY	21	30		1,478.99		49.30	.010		70.43		.47
	116	152									
ROOM USE		85		7,882.96		51.86	.048		67.96		2.51
CROSSOVERS/ALL OTH OUTPTNT		85	^	1,270.00	<u> </u>	14.94	.027	<u> </u>	20.16	<u> </u>	.40
@COUNTY HOSPITAL TOTAL	1	2	\$	85.67	\$.001			\$.03
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		85.67		42.84	.001		85.67		.03
MEDICAL	1	1		35.42		35.42	.000		35.42		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		50.25		50.25	.000		50.25		.02
CROSSOVERS/ALL OTH OUTPINT	-	0		.00		.00	.000		.00		.00
			ES MO	ONTH-OF-PAYMENT R	FDOD			חבר		D7	AGE 6,963
MOP024	FEE-FOR-SERVICE/		. L.O. INC	JNIII OF FAIMENT N.	EF OI	I FOR UAN	2002 11110 .		2002	I F	01/17/03
MENDOCINO COUNTY			DDOO	TO THE CO	TD 0	ODEC 70 74	ON				01/1//03
MENDOCINO COUNTI	SUMMARI OF SERVI	ICES FOR 69 133%	PROG	FRAM A	ID C	ODES 72 74		∩nım	III V ATZEDA	CE	
2 144 ELICIDIES	HCEDC	INITES OF SERVICE		EADENDIMIDEC	71 7.7	EDACE COCE	M				
3,144 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
0.0000	105	OR DAYS OF CARE		60 000 00		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	185	628	\$	62,880.23	Ş	100.13	.200	Ş	339.89	Ş	20.00
COMM HOSP INPATIENT TOTAL	6	26		41,125.34		1581.74	.008		6854.22		13.08
HSC HOSPITALS	3	18		29,340.00		1630.00	.006		9780.00		9.33
NON-HSC HOSPITALS TOTAL	3	8		11,785.34		1473.17	.003		3928.45		3.75
ACCOMMODATIONS	3	8		4,885.64		610.71	.003		1628.55		1.55
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

0

0

RADIO./PATHOLOGY

.00

.00

.000

.00

ALL OTHER ACCOM	3	8		4,885.64		610.71	.003		1628.55		1.55
ANCILLARIES	3	0		6,899.70		.00	.000		2299.90		2.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	181	602		21,754.89		36.14	.191		120.19		6.92
MEDICAL	105	146		7,240.84		49.59	.046		68.96		2.30
SURGERY	19	22		2,111.68		95.99	.007		111.14		.67
PATHOLOGY	74	168		1,820.67		10.84	.053		24.60		.58
RADIOLOGY	21	30		1,478.99		49.30	.010		70.43		.47
ROOM USE	115	151		7,832.71		51.87	.048		68.11		2.49
CROSSOVERS/ALL OTH OUTPTNT	63	85		1,270.00		14.94	.027		20.16		.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
	0	0	Ą	.00	Ą	.00		Ą	.00	Ą	
LEV A-INTERMEDIATE	0	0					.000				.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED				.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	19	\$	242.54	\$	12.77	.006	\$	22.05	\$.08
PATHOLOGY	11	19		242.54		12.77	.006		22.05		.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	706	1,052	\$	92,752.08	\$	88.17	.335	\$	131.38	\$	29.50
CLINIC	4	4		361.81		90.45	.001		90.45		.12
SURGICENTER	3	15		597.72		39.85	.005		199.24		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	704	1,033		91,792.55		88.86	.329		130.39		29.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU	DEC	2002	PΖ	AGE 6,964
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	ICES FOR 69 133	% PRO	OGRAM A	AID CO	DDES 72 74	8N				
							M	IONTI	HLY AVERA	GE -	
3,144 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	;	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	62	461	\$	9,018.95	\$	19.56	.147	\$	145.47	\$	2.87
DURABLE MED. EQUIP.	3	3		322.30		107.43	.001		107.43		.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	192		5,022.64		26.16	.061		1255.66		1.60
AMBULANCES/AIR TRANS	4	191		3,222.64		16.87	.061		805.66		1.03
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.57
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
CENEMIC DICENCE MECMING	0	0		.00		.00	.000		.00		.00

.00

.000

.00

.00

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	840.50	210.13	.001	420.25	.27
PROSTHETICS	2	4	840.50	210.13	.001	420.25	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.001	110.19	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	52	260	2,723.32	10.47	.083	52.37	.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	213	\$ 36,259.46	\$ 170.23	.068	\$ 3021.62	\$ 11.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,965
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

						M	ONTHLY AVERA	.GE
2,526 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE]		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	941	4,115	\$	338,454.89	\$ 82.25	1.629	\$ 359.68	\$ 133.99
@PHYSICIANS SERVICES	108	376	\$	22,783.71		.149	\$ 210.96	\$ 9.02
OUTPATIENT VISITS	33	4 4		1,653.94	37.59	.017	50.12	.65
OFFICE VISITS	25	35		1,068.75	30.54	.014	42.75	.42
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6		271.13	45.19	.002	45.19	.11
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2		252.62	126.31	.001	126.31	.10
OTHER OUTPATIENT	1	1		61.44	61.44	.000	61.44	.02
INPATIENT VISITS	11	88		6,144.56	69.82	.035	558.60	2.43
HOSPITAL VISITS	11	51		2,579.54	50.58	.020	234.50	1.02
CRITICAL CARE	5	28		3 , 191.51	113.98	.011	638.30	1.26
SNF/ICF/TRANS IP CARE	2	9		373.51	41.50	.004	186.76	.15
OPHTHALMOLOGICAL SERVICES	2	2		89.05	44.53	.001	44.53	.04
EXAMINATIONS	2	2		89.05	44.53	.001	44.53	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	50		7,119.83	142.40	.020	791.09	2.82
PRINCIPAL SURGEON	7	13		6,132.06	471.70	.005	876.01	2.43
ASSISTANT SURGEON	1	1		478.50	478.50	.000	478.50	.19
ANESTHESIOLOGIST	3	36		509.27	14.15	.014	169.76	.20
OUTPATIENT SURGERY	15	53		3,379.43	63.76	.021	225.30	1.34
PRINCIPAL SURGEON	13	16		2 , 557.16	159.82	.006	196.70	1.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	37		822.27	22.22	.015	137.05	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	13		391.28	30.10	.005	48.91	.15
RADIOLOGY	54	104		3,424.54	32.93	.041	63.42	1.36
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	22	581.08	26.41	.009	48.42	.23
@PHARMACY	286	526	\$ 30,006.77	\$ 57.05	.208	\$ 104.92	\$ 11.88
PRESCRIPTION DRUGS	286	484	29,644.63	61.25	.192	103.65	11.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	286	484	29,644.63	61.25	.192	103.65	11.74
MEDICAL SUPPLIES	4	42	362.14	8.62	.017	90.54	.14
@DENTIST	50	182	\$ 6,009.00	\$ 33.02	.072	\$ 120.18	\$ 2.38
VISITS - DIAGNOSTIC	34	124	1,924.00	15.52	.049	56.59	.76
ORAL SURGERY	8	21	2,418.00	115.14	.008	302.25	.96
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.000	71.00	.03
RESTORATIVE DENTISTRY	17	31	1,146.00	36.97	.012	67.41	.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 6,966
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03

AID CODES 7A 7C 8R

SUMMARY OF SERVICES FOR 70 100% PROGRAM

MENDOCINO COUNTY

----- MONTHLY AVERAGE -----2,526 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 53 1,194.61 22.54 .021 \$ 59.73 \$.47 13 13 616.51 47.42 .005 47.42 .24 DIAGNOSTIC AND ANC. PROCED 15 578.10 14.45 38.54 EYE APPLIANCES .016 .23 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 29.26 9.75 .001 \$ 14.63 \$.01 29.26 VISITS 9.75 .001 14.63 OTHER SERVICES 0 .00 .00 .000 .00 .00 .000 \$.00 .00 .00 .00 \$ @PODIATRIST .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 173.70 57.90 .001 \$ 86.85 .07 NURSE ANESTHESIST 92.79 23.20 .002 92.79 .04 125.98 NURSE MIDWIFE 11 1,385.74 .004 \$ 153.97 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 57.20 57.20 .000 57.20 FAMILY NURSE PRACTITIONER 177,305.28 207.13 .339 @TOTAL HOSPITAL 198 856 895.48 70.19 48 HOSP INPATIENT TOTAL 153,765.75 3203.45 .019 17085.08 60.87 9,600.00 HSC HOSPITALS 1371.43 .003 4800.00 NON-HSC HOSPITAL TOTAL 41 144,165.75 3516.24 .016 20595.11 57.07 ACCOMMODATIONS 41 854.37 5004.16 35,029.15 .016 13.87 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 35,029.15 854.37 .016 ALL OTHER ACCOM 5004.16 13.87 ANCILLARIES 109,136.60 .00 .000 15590.94 43.21 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	194		808		23,539.53		29.13	.320	12	1.34		9.32
MEDICAL	96		121		5,973.32		49.37	.048	6	2.22		2.36
SURGERY	19		23		1,402.88		60.99	.009	7	3.84		.56
PATHOLOGY	92		262		2,879.39		10.99	.104	3	1.30		1.14
RADIOLOGY	43		56		2,872.15		51.29	.022	6	6.79		1.14
ROOM USE	106		132		6,339.02		48.02	.052	5	9.80		2.51
CROSSOVERS/ALL OTH OUTPTNT	61		214		4,072.77		19.03	.085	6	6.77		1.61
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICE	-	PENDITUR!	ES MONTH	I-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC 200	2		6,967
	FEE-FOR-SERVICE										0	1/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	ICES FOR	70 100%	PROGRAM	I Al	ID COI	DES 7A 7C	8R				
								M			_	
2,526 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY				T PER
		OR DAYS	OF CARE				UNIT/DAY					GIBLE
@COMMUNITY HOSPITAL TOTAL	198		856	\$	177,305.28	\$	207.13	.339	\$ 89	5.48	\$	70.19

COMM HOSP INPATIENT TOTAL	9	48		153 , 765.75		3203.45	.019	17085.08		60.87
HSC HOSPITALS	2	7		9,600.00		1371.43	.003	4800.00		3.80
NON-HSC HOSPITALS TOTAL	7	41		144,165.75		3516.24	.016	20595.11		57.07
ACCOMMODATIONS	7	41		35,029.15		854.37	.016	5004.16		13.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	7	41		35,029.15		854.37		5004.16		13.87
ALL OTHER ACCOM	,						.016			
ANCILLARIES	/	0		109,136.60		.00	.000	15590.94		43.21
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	194	808		23,539.53		29.13	.320	121.34		9.32
MEDICAL	96	121		5,973.32		49.37	.048	62.22		2.36
SURGERY	19	23		1,402.88		60.99	.009	73.84		.56
PATHOLOGY	92	262		2,879.39		10.99	.104	31.30		1.14
RADIOLOGY	43	56		2,872.15		51.29	.022	66.79		1.14
ROOM USE	106	132		6,339.02		48.02	.052	59.80		2.51
	61	214								
CROSSOVERS/ALL OTH OUTPTNT			Ċ	4,072.77	Ċ	19.03	.085	66.77	Ċ	1.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	1	25	\$	13,828.75	\$	553.15	.010	\$ 13828.75	\$	5.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	25		13,828.75		553.15	.010	13828.75		5.47
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	0	\$		\$				ċ	
@INTERMEDIATE CARE FACILDD	0	•	Ş	.00	Þ	.00			Þ	.00
ICF DDH	-	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	3	9	\$	167.40	\$	18.60	.004		\$.07
HOSPITAL BASED	0	0	·	.00	·	.00	.000	.00	•	.00
INDEPENDENT FACILITY	3	9		167.40		18.60	.004	55.80		.07
@LABORATORY FACILITY	37	75	\$	1,792.57	\$	23.90	.030		Ċ	.71
-	37	75 75	۲		Ą				ې	
PATHOLOGY				1,792.57		23.90	.030	48.45		.71
XO AND OTHERS	0	0	_	.00	_	.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	462	800	\$	68,439.90	\$	85.55	.317		Ş	27.09
CLINIC	33	139		2,373.62		17.08	.055	71.93		.94
SURGICENTER	2	10		397.10		39.71	.004	198.55		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	433	651		65,669.18		100.87	.258	151.66		26.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPORT			EC 2002	Р	AGE 6,968
MOP024	FEE-FOR-SERVICE					. 101. 0111. 1		20 2002	_	01/17/03
MENDOCINO COUNTY			≥ DD(OGRAM A	TD CC	DEC 71 70	Q.D.			01/11/03
MENDOCINO COONTI	SUMMART OF SERV	ICES FOR 70 100	-0 E1//	JGIVAM A	LID CC	DES /A /C		NTHLY AVERA	CE.	
0 F06 BLIGIBLES	Harra	INITES OF SERVICE	_		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DACE COCE			-	
2,526 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	179	•	\$	15,188.21	\$.471		\$	6.01
DURABLE MED. EQUIP.	1	3		117.95		39.32	.001	117.95		.05
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	7	407		5,041.55		12.39	.161	720.22		2.00
	•	201		0,011.00						_ , , ,

AMBULANCES/AIR TRANS	5	392	3,187.80	8	.13	.155	637.56	1.26
OTHER TRANS	1	13	41.89	3	.22	.005	41.89	.02
OTHER SERVICES	2	2	1,811.86	905	.93	.001	905.93	.72
ACUPUNCTURE	43	99	1,659.83	16	.77	.039	38.60	.66
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105	.00	.001	105.00	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	22	54	724.07	13	.41	.021	32.91	.29
PHYSICAL THERAPIST	3	31	421.16	13	.59	.012	140.39	.17
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	168.00	168	.00	.000	168.00	.07
PROSTHETICS	1	1	168.00	168	.00	.000	168.00	.07
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	106	594	6,845.65	11	.52	.235	64.58	2.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	134	\$ 142,824.80	\$ 1065	.86	.053	\$ 5493.26	\$ 56.54
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,969
MOP024 FEE-FOR-SERVICE/DENTAL
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 318 846 47,529.53 \$ 56.18 .000 \$ 149.46 \$.00 60.18 147 275 16,549.65 .000 \$ 112.58 \$.00 @PHYSICIANS SERVICES 73 92 85.25 107.44 OUTPATIENT VISITS 7,842.87 .000 .00 19.52 OFFICE VISITS 23 28 448.91 16.03 .000 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 7,393.96 115.53 .000 132.04 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 SERVICES AND MATERIALS .00 .00 .000 .00 .00 1 253.16 253.16 253.16 INPATIENT HOSPITAL SURGERY .000 .00 1 253.16 253.16 253.16 PRINCIPAL SURGEON .000 .00 0 .00 .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST 0 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 16 44 1,995.15 45.34 .000 124.70 .00 PRINCIPAL SURGEON 1,389.06 138.91 .000 138.91 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	34	606.09	17.83	.000	101.02	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	65	65	1,673.26	25.74	.000	25.74	.00
RADIOLOGY	68	69	4,315.17	62.54	.000	63.46	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	470.04	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	8	13 \$	256.61	\$ 19.74	.000	\$ 32.08	\$.00
PRESCRIPTION DRUGS	8	13	256.61	19.74	.000	32.08	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	13	256.61	19.74	.000	32.08	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 6,970

01/17/03

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 .000 \$ 0 .00 @HOME HEALTH AGENCY .00 .00 .00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 0 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 93 331 11,294.38 34.12 @TOTAL HOSPITAL .000 121.44 .00 .00 0 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

FEE-FOR-SERVICE/DENTAL

MOP024

MENDOCINO COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
	-						.00
HOSP OUTPATIENT TOTAL	93	331	11,294.38	34.12	.000	121.44	.00
MEDICAL	28	28	703.46	25.12	.000	25.12	.00
SURGERY	7	7	614.74	87.82	.000	87.82	.00
PATHOLOGY	42	56	868.76	15.51	.000	20.68	.00
RADIOLOGY	11	11	888.84	80.80	.000	80.80	.00
ROOM USE	47	54	1,424.38	26.38	.000	30.31	.00
CROSSOVERS/ALL OTH OUTPTNT	29	175	6,794.20	38.82	.000	234.28	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ü	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M					PAGE 6,971
MOP024	FEE-FOR-SERVICE		1011111 01 11111111111 1111		2002 211110 22	0 2002	01/17/03
MENDOCINO COUNTY		ICES FOR 71 PRESUMP	ELIGIBILITY-PREGNA	NT AID CODES	7 F		01/1//00
INDIVIDUCTIVO COONTT	DOINTING OF BEIN	TODO TOR /I TREBUIL		NI MID CODED	MON'	THT.Y AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EDIGIDEES	ODEIGO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	93	331 \$	11,294.38	\$ 34.12	.000 \$		
	93		•				·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	93	331	11,294.38	34.12	.000	121.44	.00
MEDICAL	28	28	703.46	25.12	.000	25.12	.00
SURGERY	7	7	614.74	87.82	.000	87.82	.00
PATHOLOGY	42	, 56	868.76	15.51	.000	20.68	.00
RADIOLOGY	11	11	888.84	80.80	.000	80.80	.00
ROOM USE	47	54	1,424.38	26.38	.000	30.31	.00
CROSSOVERS/ALL OTH OUTPTNT	≒ /	JŦ	1,747.JO	20.00	. 000	20.21	• 0 0
	20	175	6 794 20	38 82	$\cap \cap \cap$	234 28	\cap
@STATE HOSPITAL	29 0	175 0 \$	6,794.20 .00	38.82	.000 .000 \$	234.28	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	50	82	\$	3,236.81	\$	39.47	.000	\$	64.74	\$.00
PATHOLOGY	50	82		3,236.81		39.47	.000		64.74		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	71	134	\$	15 , 037.08	\$	112.22	.000	\$	211.79	\$.00
CLINIC	4	16		901.00		56.31	.000		225.25		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	67	118		14,136.08		119.80	.000		210.99		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	IONTH-OF-PAYMENT RE	EPOR	r for Jan 2	002 THRU	DEC	2002	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	71 PRE	ESUMP	ELIGIBILITY-PREGNA	TNA	AID CODES '					
							M	ITNC	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	11 \$	1,155.00	\$ 105.00	.000 \$	105.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,973
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

IENDOCINO COCNII	DOILIMING OF DELIC	VIOLO IOIC	, 2 11001	. 01111	TODELCOTORIO TICOC	JI (Z 1I I	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
								MC	NTHLY AVERA	AGE	
01 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		5	\$	96.15	\$	19.23	5.000	\$ 96.15	\$	96.15
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00			.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00			.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00			.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00			.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00			.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00			.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00			.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00			.00
DIALYSIS	0	0		.00		.00	.000	.00			.00
PATHOLOGY	0	0		.00		.00	.000	.00			.00
	0	0		.00		.00	.000	.00			.00
RADIOLOGY	0	ŭ									
PSYCHIATRY	U	0		.00		.00	.000	.00			.00
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000	.00			.00
OTHER SERVICES/ALL X-OVERS	U	0	_	.00	_	.00	.000	.00	_		.00
@PHARMACY	0	0	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00			.00
SNF/ICF	0	0		.00		.00	.000	.00			.00
OUTPATIENTS	0	0		.00		.00	.000	.00			.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00			.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00			.00
ORAL SURGERY	0	0		.00		.00	.000	.00			.00
DRUGS	0	0		.00		.00	.000	.00			.00
ANESTHESIA	0	0		.00		.00	.000	.00			.00
PERIODONTICS	0	0		.00		.00	.000	.00			.00
ENDODONTICS	0	0		.00		.00	.000	.00			.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00			.00
PROSTHETICS	0	0		.00		.00	.000	.00			.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00			.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00			.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00			.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00			.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00			.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00			.00
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	ŭ	FC N	MONTH-OF-PAYMENT RE	Z D∩R T					PAGE	6,974
MOP024	FEE-FOR-SERVICE		CDO I		11 01(1	1010 07110 2	.002 III(0 D	LC 2002	•		/17/03
MENDOCINO COUNTY			-071	L TUBERCULOSIS PROG	~D 7 M	AID CO	שחו			01/	1//03
MENDOCINO COUNTI	SUMMANI OF SERV	ICES FOR /2 MEDI	-CAI	L TOBERCOLOSIS FROM	3I/AIM	AID CC		NTHLY AVER	л C E		
01 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/17/17	DACE COCT	UNITS/DAYS		AGE	COST	DED
OI FUIGIBLES	CALCO	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY		USER		ELIG	
A O DELOMETED I CE	0		, .\$	0.0	\$.00	.000		\$		
@OPTOMETRIST	0	0	Ş	.00	Ş				Ş		.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00			.00
EYE APPLIANCES	U	0		.00		.00	.000	.00			.00
OTHER OPTOMETRIC SERVICES	U	0		.00	_	.00	.000	.00			.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00			.00
OTHER SERVICES	0	0	_	.00	_	.00	.000	.00	_		.00
@PODIATRIST_	0	0	\$.00	\$.00	.000		Ş		.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00			.00
SURGERY/ANES.	0	0		.00		.00	.000	.00			.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00			.00
OTHER	0	0		.00		.00	.000	.00			.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000				.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000				.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000				.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.0	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.(.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		000 .000	.00	.00
	0	0				.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.000		.00
ACCOMMODATIONS	U	U	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		000 .000	.00	.00
SURGERY	0	0	.00		000 .000	.00	.00
	0	0	.00			.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	0	.00		.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.(.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	. (.000	.00	.00
HSC HOSPITALS	0	0	.00	. (.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.00	.00
TRANSITIONAL IP CARE	0	0	.00		000	.00	.00
	0	0	.00			.00	.00
ALL OTHER ACCOM	0	0			.000		
ANCILLARIES	U	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	Ü	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	. (.000	.00	.00
MEDICAL	0	0	.00	. (.000	.00	.00
SURGERY	0	0	.00	. (.000	.00	.00
PATHOLOGY	0	0	.00	. (.000	.00	.00
RADIOLOGY	0	0	.00	. (.000	.00	.00
ROOM USE	0	0	.00	. (.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 6,975
MOP024	FEE-FOR-SERVICE		MONTH OF THE PROPERTY	CDIOINI ION C	7111 2002 1111(0 D	LC 2002	01/17/03
MENDOCINO COUNTY		ICES FOR 72 MEDI-CA	I THEFROIT OSTS PRO	ICRAM A 1	ID CODE		01/11/05
FIENDOCINO COONTI	SOMMAN OF SERV	ICES FOR 72 MEDI CA	IL TOBERCOLOSIS TRO	OIMH AI		NTHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMEDACE (COST UNITS/DAYS		COST PER
OI EHIGIDHES	OSEKS	OR DAYS OF CARE	EXFENDITORES		DAY PER ELIG	USER	ELIGIBLE
ACOMMINITAL HOCDIEST HORST	0		0.0				-
@COMMUNITY HOSPITAL TOTAL			.00				·
COMM HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		000 .000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		000 .000	.00	.00
MEDICAL	0	0	.00	• (.000	.00	.00

MEDICAL

0

0

.00

.00

.000

.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
DEVELOP. DISABLED	0		.00				
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0						
	0		.00		.000 \$		\$.00
HOSPITAL BASED	U	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	5 \$	96.15	\$ 19.23	5.000 \$		\$ 96.15
CLINIC	1	5	96.15	19.23	5.000	96.15	96.15
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO					PAGE 6,976
MOP024	FEE-FOR-SERVICE						01/17/03
MENDOCINO COUNTY		ICES FOR 72 MEDI-CAL	TUBERCULOSIS PROG	GRAM AID C	ODE		
112112001110 0001111			105510050515 1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
01 111011110	OBLIG	OR DAYS OF CARE	EMILINDITONEO	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
	0	0					.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN			0.0		000	.00	.00
	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
	0 0 0	· ·	.00	.00	.000	.00	.00
PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0 0 0 0	0					

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,977 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL MENDOCINO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----329 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	311	3,211	\$	170,337.40	\$ 53.05	9.760	\$ 547.71	\$ 517.74
@PHYSICIANS SERVICES	116	399	\$	23,704.66	\$ 59.41	1.213	\$ 204.35	\$ 72.05
OUTPATIENT VISITS	16	26		1,728.62	66.49	.079	108.04	5.25
OFFICE VISITS	1	1		24.00	24.00	.003	24.00	.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		132.46	66.23	.006	66.23	.40
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	13	23		1,572.16	68.35	.070	120.94	4.78
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	18	38		1,583,71	41.68	.116	87.98	4.81

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	18	38		1,583.71		41.68	.116		87.98		4.81
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	16	117		11,139.03		95.21	.356		696.19		33.86
PRINCIPAL SURGEON	10	10		9,861.24		986.12	.030		986.12		29.97
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	107		1,277.79		11.94	.325		159.72		3.88
OUTPATIENT SURGERY	34	123		6,195.89		50.37	.374		182.23		18.83
PRINCIPAL SURGEON	2.3	24		4,147.56		172.82	.073		180.33		12.61
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	18	99		2,048.33		20.69	.301		113.80		6.23
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	34	45		992.26		22.05	.137		29.18		3.02
RADIOLOGY	29	31		1,310.09		42.26	.094		45.18		3.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	9		278.19		30.91	.027		139.10		.85
OTHER SERVICES/ALL X-OVERS	7	10		476.87		47.69	.030		68.12		1.45
@PHARMACY	54	112	\$	4,353.80	\$	38.87	.340	\$	80.63	\$	13.23
PRESCRIPTION DRUGS	52	100	·	4,301.35	·	43.01	.304	·	82.72		13.07
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	52	100		4,301.35		43.01	.304		82.72		13.07
MEDICAL SUPPLIES	4	12		52.45		4.37	.036		13.11		.16
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITIES	TS MC	NTULOF-DAVMENT DE	T D O D T	FOR JAN	2002 THRII	DEC	2002	P	AGE 6,978
MOP024	FEE-FOR-SERVICE/DEN'		30 110	MIN OF FAIMENT KE	21 01/1	I OIL OHN	2002 11110		2002	Τ.	01/17/03

MENDOCINO COUNTY

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	INC	THLY AVERA	GE	
329 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	ŀ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	7	8	\$	269.20	\$	33.65	.024	Ś		\$.82
NURSE ANESTHESIST	0	0	Ś	.00	Ś	.00	.000			Ś	.00
NURSE MIDWIFE	15	249	¢	5,428.87	\$	21.80	.757	\$		\$	16.50
PEDIATRIC NURSE PRACTITIONER		249	¢	.00	ς ς	.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00		.00
@TOTAL HOSPITAL	159	1,366	¢	118,390.79	¢	86.67	4.152		744.60		359.85
HOSP INPATIENT TOTAL	22	77	۲	92,120.55	Y	1196.37	.234	Ÿ	4187.30	Y	280.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	22	77		92,120.55		1196.37	.234		4187.30		280.00
ACCOMMODATIONS	21	77		41,223.52		535.37	.234		1963.02		125.30
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	77		41,223.52		535.37	.234		1963.02		125.30
ANCILLARIES	22	0		50,897.03		.00	.000		2313.50		154.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	147	1,289		26,270.24		20.38	3.918		178.71		79.85
MEDICAL	23	1,289 27		1,578.82		20.38 58.47	.082		68.64		4.80
	23 27	28							66.78		5.48
SURGERY	2 <i>1</i> 85	∠8 265		1,802.99		64.39 9.54	.085		29.74		5.48 7.68
PATHOLOGY	16	265 16		2,528.29							3.05
RADIOLOGY	16 86			1,002.37		62.65	.049		62.65		
ROOM USE	86	166 787		7,542.03		45.43	.505		87.70		22.92
CROSSOVERS/ALL OTH OUTPINT	86 3	/8 / 1 9	Ś	11,815.74	\$	15.01	2.392	ć	137.39	ċ	35.91
@COUNTY HOSPITAL TOTAL	-		Ş	513.55	Ş	27.03	.058	Þ		Ş	1.56
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	19		513.55		27.03	.058		171.18		1.56
MEDICAL	1	1		8.97		8.97	.003		8.97		.03
SURGERY	1	1		50.86		50.86	.003		50.86		.15
PATHOLOGY	2	7		177.06		25.29	.021		88.53		.54
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		209.07		69.69	.009		104.54		.64
CROSSOVERS/ALL OTH OUTPTNT	3	7		67.59		9.66	.021		22.53		.21
	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PF	AGE 6,979
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 329 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 157 1,347 \$ \$ 87.51 4.094 \$ 750.81 \$ 358.29 117,877.24 COMM HOSP INPATIENT TOTAL 22 77 92,120.55 1196.37 .234 4187.30 280.00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 22 77 92,120.55 .234 NON-HSC HOSPITALS TOTAL 1196.37 4187.30 280.00 77 41,223.52 535.37 1963.02 125.30 ACCOMMODATIONS 21 .234 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

MENDOCINO COUNTY

ALL OTHER ACCOM	21	77		41,223.52		535.37	.234		1963.02		125.30
ANCILLARIES	22	0		50,897.03		.00	.000		2313.50		154.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	145	1,270		25 , 756.69		20.28	3.860		177.63		78.29
MEDICAL	22	26		1,569.85		60.38	.079		71.36		4.77
SURGERY	26	27		1,752.13		64.89	.082		67.39		5.33
PATHOLOGY	83	258		2,351.23		9.11	.784		28.33		7.15
RADIOLOGY	16	16		1,002.37		62.65	.049		62.65		3.05
ROOM USE	84	163		7,332.96		44.99	.495		87.30		22.29
CROSSOVERS/ALL OTH OUTPTNT	83	780		11,748.15		15.06	2.371		141.54		35.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	·	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	57	\$	1,609.94	\$	28.24	.173	\$	61.92	\$	4.89
PATHOLOGY	26	57		1,609.94		28.24	.173		61.92		4.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	82	200	\$	11,645.86	\$	58.23	.608	\$	142.02	\$	35.40
CLINIC	19	104		3,593.85		34.56	.316		189.15		10.92
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	96		8,052.01		83.88	.292		127.81		24.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES		EPORT			DEC		P.I	AGE 6,980
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FOR	R 73 MIN	NOR C	CONSENT AID CODES A	ID COL	DES 7M 7	P 7R				
								O N T I III		O.D.	

----- MONTHLY AVERAGE -----329 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 820 \$ 4,934.28 \$ 6.02 2.492 \$ 234.97 \$ 15.00 @ALL OTHER PROVIDERS 21 0 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 BLOOD BANK 0 0 .00 .00 .00 .155 / .152 .00 .000 J.00 .00° .00 .° HEARING AID DISPENSERS 0 .00 .00 .00 MEDICAL TRANSPORTATION 51 2,988.70 1494.35 9.08 50 1,188.70 594.35 AMBULANCES/AIR TRANS 3.61 .00 0 0 .00 OTHER TRANS .00 .00 1,800.00 1800.00 1800.00 OTHER SERVICES 5.47 .00 ACUPUNCTURE 0 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 GENETIC DISEASE TESTING 15 15 1,411.00 94.07 4.29

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	4	79.93	19.98	.012	79.93	.24
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	750	454.65	.61	2.280	151.55	1.38
@CALIF. CHILDREN SERVICES*	1	1	\$ 32.88	\$ 32.88	.003	\$ 32.88	\$.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGI OTOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00 .00 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGI	.00 .00 .00
	.00
eioial, all providers	.00
0 0 ¢ 00 ¢ 00 ¢	.00
@PHYSICIANS SERVICES 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 <t< td=""><td>.00</td></t<>	.00
OFFICE VISITS 0 0 .00 .00 .00 .00	
HOME VISITS 0 0 .00 .00 .000 .00	.00
EMERGENCY ROOM 0 0 .00 .00 .00	.00
PREVENTIVE CARE 0 0 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 .00 .00 .00 .00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00)	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00)	.00	.000	.00		.00
@PHARMACY	0	0	\$.00) \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00)	.00	.000	.00		.00
SNF/ICF	0	0	.00)	.00	.000	.00		.00
OUTPATIENTS	0	0	.00)	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00)	.00	.000	.00		.00
@DENTIST	0	0	\$.00) \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00)	.00	.000	.00		.00
ORAL SURGERY	0	0	.00)	.00	.000	.00		.00
DRUGS	0	0	.00)	.00	.000	.00		.00
ANESTHESIA	0	0	.00)	.00	.000	.00		.00
PERIODONTICS	0	0	.00)	.00	.000	.00		.00
ENDODONTICS	0	0	.00)	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00)	.00	.000	.00		.00
PROSTHETICS	0	0	.00)	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00)	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00)	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00)	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT :	FOR JAN	2002 THRU DE	C 2002	PAGE	6 , 982
MOP024	FEE-FOR-SERVICE/DENTAL							01	/17/03
MENDOCINO COUNTY	SUMMARY OF SERVICES FO	R 74 FOR F	UTURE USE						
						MON	THLY AVERAG	SE	
00 811618186	TICEDO INTEG	OF CERTIFICE		7 7777	7 CD COCH	TINTERO / DAVIO	COCH DED	COOM	DED

					11011	TITLL AVEIVA	ندر
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

ACILTDODD A CHOD	0	0	ċ	0.0	ċ	0.0	.000	ċ	0.0	\$	0.0
@CHIROPRACTOR	0		\$.00	\$.00		\$.00	Ą	.00
VISITS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
	0	0	ب د								
PEDIATRIC NURSE PRACTITIONER	•		ې د	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0									
	ŭ	ŭ		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ADMINISTRATIVE DAYS	ŭ	· · · · · · · · · · · · · · · · · · ·				.00	.000				.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		CES AND EXPENDITUR	ES MO		EPORT			DEC		PACE	E 6,983
MOP024	FEE-FOR-SERVICE		1.10	TITL OF TATHERIT IVE		1011 0111 2002	1111/0	7110	2002		0,303
MENDOCINO COUNTY		ICES FOR 74 FOR	כיוחוום	r iicr						(01/1//00
HENDOCINO COUNTI	SOUTHWALL OF SEK	/ICES FOR /4 FOR	LOIUR	.i. U.O.E.			14	יישוא	יבטיינוע עד	~ [7	
OO ELTCIDIEC	HOEDO	IINITEC OF CEDITOR		EADEMPIMITE	71 77 7				LY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST UNI					ST PER
ACCOMMUNITARY HOODITARY MOTER	0	OR DAYS OF CARE		0.0		UNIT/DAY PE	_		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	Þ	.00	\$.00	.000	Ş	.00	Ş	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
	0	0	۲		۲		.000	۲	.00	Ÿ	.00
MENTALLY ILL	0	0		.00		.00					
DEVELOP. DISABLED	0	•	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ü	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		RES MO	ONTH-OF-PAYMENT RI	EPORT			DEC 2		PAGE	
MOP024	FEE-FOR-SERVICE		(LO 110		DI OIKI	101(0111(2	.002 111110	200 2	2002		1/17/03
MENDOCINO COUNTY		,	FIITIIR	RE USE						0.	2, 2, , 00
TIENDOCTIVO COCKIT	SOLUTION OF SERV	1020 1010 71 1010	10101	Œ 002			M	тнтис	Y AVERAG	E	
00 ELIGIBLES	USERS	INTTS OF SERVICE	7.	EXPENDITURES	AVER						
00 11101110	ODEINO	OR DAYS OF CARE		T171 TIADT I 01/170			PER ELIG		USER		
@ALL OTHER PROVIDERS	0	OK DATS OF CARD		.00	\$.00			.00		.00
DURABLE MED. EQUIP.	0	0	~	.00	~	.00	.000	۲	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
HEDICAL INVISIONIALION	U	U		.00		.00	.000		.00		• 0 0

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{ ext{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,985
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

					MON	THLY AVERA	GE
156 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	65	281 \$	14,969.28	\$ 53.27	1.801 \$	230.30	\$ 95.96
@PHYSICIANS SERVICES	9	15 \$	791.42	\$ 52.76	.096 \$	87.94	\$ 5.07
OUTPATIENT VISITS	4	5	206.66	41.33	.032	51.67	1.32
OFFICE VISITS	4	4	160.94	40.24	.026	40.24	1.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.006	45.72	.29
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	4	344.14	86.04	.026	172.07	2.21
PRINCIPAL SURGEON	1	2	252.79	126.40	.013	252.79	1.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	91.35	45.68	.013	91.35	.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	5	183.54	36.71	.032	45.89	1.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	57.08	57.08	.006	57.08	.37
@PHARMACY	43	98 \$	5,564.79	\$ 56.78	.628	\$ 129.41	\$ 35.67
PRESCRIPTION DRUGS	43	98	5,564.79	56.78	.628	129.41	35.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	43	98	5,564.79	56.78	.628	129.41	35.67
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	105.00	\$ 105.00	.006	\$ 105.00	\$.67
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	1	105.00	105.00	.006	105.00	.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 6,986

01/17/03

----- MONTHLY AVERAGE -----USERS 156 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9 223.66 @OPTOMETRIST 24.85 .058 \$ 55.92 \$ 1.43 DIAGNOSTIC AND ANC. PROCED 3 3 127.70 42.57 .019 42.57 .82 EYE APPLIANCES 95.96 15.99 .038 31.99 .62 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 10 42 963.04 22.93 96.30 @TOTAL HOSPITAL .269 \$ 6.17 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

AID CODES 6N

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

MOP024

MENDOCINO COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	42	963.04	22.93	.269	96.30	6.17
MEDICAL	4	5	129.77	25.95	.032	32.44	.83
SURGERY	1	1	110.94	110.94	.006	110.94	.71
PATHOLOGY	5	22	185.45	8.43	.141	37.09	1.19
RADIOLOGY	3	4	176.62	44.16	.026	58.87	1.13
ROOM USE	4	7	292.43	41.78	.045	73.11	1.87
CROSSOVERS/ALL OTH OUTPTNT	1	3	67.83	22.61	.019	67.83	.43
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 6,987

MENDOCINO COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

HENDOCINO COONII	BOTHING OF BEILVE	ICES FOR 75 BBI	71L L 1	DILLY NEEC		TITE CODES	011	MONTH.	III	CE	
156 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7 / 7		UNITS/DA		HLY AVERA		COST PER
				EXPENDITURES			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	1.0	OR DAYS OF CARE	' \$	963.04	\$.269		96.30		6.17
COMM HOSE INDITIENT TOTAL	10	0	۲	.00	Ą	.00	.000		.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0 0 0 0 0	0									
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0 0 10	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	42		963.04		22.93	.269		96.30		6.17
MEDICAL	4	5		129.77		25.95	.032		32.44		.83
SURGERY	1	1		110.94		110.94	.006		110.94		.71
PATHOLOGY	5	22		185.45		8.43	.141		37.09		1.19
RADIOLOGY	3	4		176.62		44.16	.026		58.87		1.13
ROOM USE	4	7		292.43		25.95 110.94 8.43 44.16 41.78	.045		73.11		1.87
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1	3		67.83		22.61	.019		67.83		.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00		.00
DEVELOP, DISABLED	0	0		.00		.00	.000		.00		.00
GNURSING FACILITY	0	0	Ś	.00	\$.00	.000		.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000		.00	т	.00
LEV R-REHAR MD	0	0		.00		.00	.000		.00		.00
IEV B KEHAD MD	0	0		.00		.00	.000		.00		.00
IEV B SODACOIE EKEESIANDING	0	0		.00		.00	.000		.00		.00
IEV D SODACOIE HSELL DASED	0	0		.00		.00	.000		.00		.00
LEV D DECLIAD	0	0		.00		.00	.000		.00		.00
DEV D-KEGULAK	0	0	\$.00	\$.00	.000		.00	ċ	.00
GINIERMEDIALE CARE FACILDD	0	0	Ą	.00	ې	.00	.000		.00	ې	.00
ICE DD	0	0					.000		.00		
ICF DD / DDGN	0			.00		.00					.00
TOF DDN/DDCN	U	0	<u> </u>	.00	<u> </u>	.00	.000		.00	<u>^</u>	.00
GHEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000		.00	Ş	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	_	.00	_	.00	.000		.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	8	\$	233.23	\$	29.15	.051		58.31	\$	1.50
PATHOLOGY	4	8 0 56 0		233.23		29.15	.051		58.31		1.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	31	56	\$	6 , 209.76	\$	110.89	.359			\$	39.81
CLINIC	0	•		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	56		6,209.76		110.89	.359		200.31		39.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 6,988
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MENDOCINO COUNTY	SUMMARY OF SERVI	ICES FOR 75 SSI	APPI	EAL/NLDC		AID CODES	6N				
								TNOM	HLY AVERA	.GE	
1EC BITCIDIEC	HOEDO	INTER OF CERTICE		EADENDIMIDEC	74 7 7 77		IINITHO / DAY	V.C	COCH DED		COCH DED

156 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	52 \$	878.38	\$ 16.89	.333 \$	73.20	\$ 5.63
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	155.19	51.73	.019	155.19	.99
MEDICAL TRANSPORTATION	1	21	195.53	9.31	.135	195.53	1.25
AMBULANCES/AIR TRANS	1	21	195.53	9.31	.135	195.53	1.25
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	4	75.69	18.92	.026	75.69	.49
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.006	105.00	.67
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.026	21.36	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	19	304.25	16.01	.122	43.46	1.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	16 \$	937.80	\$ 58.61	.103 \$	234.45	\$ 6.01
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MENDOCINO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

TIBINDOCTING COCKTI	DOINTING OF DELIC	. 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	.11 01.						
						MO1	NTHLY AVERA	GE	
210,681 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	EL:	IGIBLE
@TOTAL, ALL PROVIDERS	124,871	1,579,618	\$	70,322,262.15	\$ 44.52	7.498	\$ 563.16	\$	333.79
@PHYSICIANS SERVICES	23,374	67 , 138	\$	3,193,026.08	\$ 47.56	.319	3 136.61	\$	15.16
OUTPATIENT VISITS	6,349	8,378		337,137.93	40.24	.040	53.10		1.60
OFFICE VISITS	5,007	6 , 352		219,484.18	34.55	.030	43.84		1.04
HOME VISITS	8	12		397.98	33.17	.000	49.75		.00
EMERGENCY ROOM	551	659		31,811.29	48.27	.003	57.73		.15
PREVENTIVE CARE	3	3		131.55	43.85	.000	43.85		.00
OB VISITS/COMPRE PERI	617	1,021		74,864.31	73.32	.005	121.34		.36
OTHER OUTPATIENT	295	331		10,448.62	31.57	.002	35.42		.05
INPATIENT VISITS	1,892	6,880		410,544.26	59.67	.033	216.99		1.95
HOSPITAL VISITS	1,747	5 , 649		259,072.76	45.86	.027	148.30		1.23
CRITICAL CARE	229	1,017		143,621.27	141.22	.005	627.17		.68
SNF/ICF/TRANS IP CARE	84	214		7,850.23	36.68	.001	93.46		.04
OPHTHALMOLOGICAL SERVICES	333	368		17,206.42	46.76	.002	51.67		.08
EXAMINATIONS	333	368		17,206.42	46.76	.002	51.67		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	1,558	8 , 799		864,036.52	98.20	.042	554.58		4.10
PRINCIPAL SURGEON	1,032	1,322		694,031.35	524.99	.006	672.51		3.29
ASSISTANT SURGEON	156	159		32 , 995.67	207.52	.001	211.51		.16
ANESTHESIOLOGIST	625	7,318		137,009.50	18.72	.035	219.22		.65
OUTPATIENT SURGERY	2 , 195	7 , 972		534,684.36	67.07	.038	243.59		2.54
PRINCIPAL SURGEON	1,639	2,130		415,282.17	194.97	.010	253.38		1.97
ASSISTANT SURGEON	17	17		1,694.87	99.70	.000	99.70		.01
ANESTHESIOLOGIST	781	5 , 825		117,707.32	20.21	.028	150.71		.56
DIALYSIS	66	141		18,642.57	132.22	.001	282.46		.09
PATHOLOGY	2,774	4,453		119,495.59	26.83	.021	43.08		.57
RADIOLOGY	7,843	12,261		459,483.40	37.48	.058	58.59		2.18
PSYCHIATRY	6	9		328.97	36.55	.000	54.83		.00
IMMUNIZATION AND INJECTION	256	924		86,178.13	93.27	.004	336.63		.41
OTHER SERVICES/ALL X-OVERS	7,229	16,953		345,287.93	20.37	.080	47.76		1.64
@PHARMACY	70,853	443,389	\$	18,692,985.43		2.105 \$	263.83	\$	88.73
PRESCRIPTION DRUGS	70,090	233,848		18,247,153.99	78.03	1.110	260.34		86.61
SNF/ICF	2,711	17,283		1,041,069.45	60.24	.082	384.02		4.94
OUTPATIENTS	67 , 505	216,565		17,206,084.54	79.45	1.028	254.89		81.67
MEDICAL SUPPLIES	4,060	209,541		445,831.44	2.13	.995	109.81		2.12
@DENTIST	4,982	19 , 771	\$	699,912.58		.094 \$	140.49	\$	3.32
VISITS - DIAGNOSTIC	3,620 784 58	12,335	·	189,674.48	15.38	.059	52.40		.90
ORAL SURGERY	784	2,325		155,114.75	66.72	.011	197.85		.74
DRUGS	58	65		1,055.00	16.23	.000	18.19		.01
ANESTHESIA	193	196		17,387.00	88.71	.001	90.09		.08
PERIODONTICS	78	97		10,075.00	103.87	.000	129.17		.05
ENDODONTICS	200	366		41,000.00	112.02	.002	205.00		.19
RESTORATIVE DENTISTRY	1,496	3,756		221,811.50	59.06	.018	148.27		1.05
PROSTHETICS	23	. 23		630.00	27.39	.000	27.39		.00
DENTURES, STAYPLATES	168	446		50,582.68	113.41	.002	301.09		.24
SPACE MAINTAINERS	20	26		2,706.00	104.08	.000	135.30		.01
MAXILLOFACIAL SERVICES	27	40		4,275.63	106.89	.000	158.36		.02
FRACTURES, DISLOCATIONS	2	2		940.00	470.00	.000	470.00		.00
ORTHODONTIC SERVICES	46	62		4,660.54	75.17	.000	101.32		.02
ALL OTHER SERVICES	28	32		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M					PA	AGE 6,990
MOP024	FEE-FOR-SERVICE								01/17/03
MENDOCINO COUNTY		ICES FOR 80 TOTAL	CE	RTIFIED					-, -, , , ,
						MON	ITHLY AVERA	GE -	
210,681 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	F	ELIGIBLE
@OPTOMETRIST	2,587	7,487	\$	168,810.32	\$ 22.55	.036 \$.80
DIAGNOSTIC AND ANC. PROCED	1,525	1,538		71,803.86	46.69	.007	47.08		.34
EYE APPLIANCES	2,016	5,695		92,147.65	16.18	.027	45.71		.44
OTHER OPTOMETRIC SERVICES	195	254		4,858.81	19.13	.001	24.92		.02
				,					

210,681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,587	7,487	\$ 168,810.32	\$ 22.55	.036	\$	65.25	\$.80
DIAGNOSTIC AND ANC. PROCED	1,525	1,538	71,803.86	46.69	.007		47.08	.34
EYE APPLIANCES	2,016	5 , 695	92,147.65	16.18	.027		45.71	.44
OTHER OPTOMETRIC SERVICES	195	254	4,858.81	19.13	.001		24.92	.02
@CHIROPRACTOR	183	501	\$ 8,000.80	\$ 15.97	.002	\$	43.72	\$.04
VISITS	173	484	7,824.96	16.17	.002		45.23	.04
OTHER SERVICES	10	17	175.84	10.34	.000		17.58	.00
@PODIATRIST	496	778	\$ 9,829.93	\$ 12.63	.004	\$	19.82	\$.05
MEDICINE/INJECTIONS	13	13	405.80	31.22	.000		31.22	.00
SURGERY/ANES.	2	2	352.20	176.10	.000		176.10	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	481	763	9,071.93	11.89	.004		18.86	.04
@HOME HEALTH AGENCY	315	1,868	\$ 101,732.80	\$ 54.46	.009	\$	322.96	\$.48
NURSE ANESTHESIST	76	383	\$ 1,493.63	\$ 3.90	.002	\$	19.65	\$.01
NURSE MIDWIFE	545	3,308	\$ 96,697.89	\$ 29.23	.016	\$	177.43	\$.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	4	5	\$	188.58	\$	37.72	.000	\$ 47.15	\$.00
@TOTAL HOSPITAL	30,549	156,587	\$	21,119,232.46 16,823,839.87 2,644,306.88 13,728,657.11 4,880,624.82 36,749.42	\$	134.87	.743	\$ 691.32	\$	100.24
HOSP INPATIENT TOTAL	2,484	11,337		16,823,839.87		1483.98	.054	6772.88		79.85
HSC HOSPITALS	206	1,740		2,644,306.88		1519.72	.008	12836.44		12.55
NON-HSC HOSPITAL TOTAL		6,887		13.728.657.11		1993.42	.033	7787.10		65.16
A CCOMMODA DI COMO	1,642	6,887		4,880,624.82		708.67	.033	2972.37		23.17
ACCOMMODATIONS ADMINISTRATIVE DAYS	42	173		36,749.42		212.42	.001	874.99		.17
TRANSITIONAL IP CARE	0	6,887 173 0		302.04		212.42	.000	.00		.00
ALL OTHER ACCOM	1.616	6.714		4,843,573.36		721.41	.032	2997.26		22.99
ANCILLARIES	0 1,616 1,763	6,714 0		8,848,032.29		.00	.000	5018.74		42.00
INPATIENT CROSSOVERS	547	2,710		450,875.88		166.37	.013	824.27		2.14
INPATIENT CROSSOVERS ALL OTHER INPATIENT	547 0 29,363 12,008 2,178	, 0		.00		. 00	000	0.0		.00
HOSP OUTPATIENT TOTAL	29,363			4,295,392.59		29.57 52.68	.689	146.29 84.01 90.95 44.39		20.39
MEDICAL	12,008	145,250 19,149		4,295,392.59 1,008,747.63		52.68	.091	84.01		4.79
SURGERY	2,178	2,755		198,083.36		71.90 12.19	.013	90.95		.94
PATHOLOGY	12,585	45,807		EE0 E01 42		12.19	.217	44.39		2.65
RADIOLOGY	6 212	0 010		640,747.31		72.66	.042	101.50		3.04
ROOM USE	13 420	19,425		877,297.59		45.16	.092	65.37		4.16
CROSSOVERS/ALL OTH OUTPTNT		49,296		1,011,925.27		20.53	.234	76.01		4.80
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0.0	49,296 564 106	\$	338,391.43 640,747.31 877,297.59 1,011,925.27 137,309.03 125,405.97 125,311.47 94.50	Ś	243.46	.003	\$ 1386.96	Ś	.65
CO HOSPITAL INPATIENT TOTAL	8	106	'	125,405.97		1183.08	.001	15675.75		.60
HSC HOSPITALS	8	106		125,311.47		1182.18	.001	15663.93		.59
NON-HSC HOSPITALS TOTAL	0	0		94.50		.00	.000			
ACCOMMODATIONS	0	0		94.50		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		94.50		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	8 0 0 0 0 0 0	106 106 0 0 0 0 0 0 0 0 0 458 69		.00		.00	.000	.00		.00 .00 .00 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	0.0		0.0
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		25.99 38.95 34.44 14.28 43.32 45.39	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	95	458		11,903.06		25.99	.002	125.30		.06
MEDICAL	49			2,687.87		38.95	.000	54.85		.01
SURGERY	10	15		516.54		34.44	.000	51.65		.00
PATHOLOGY	29	143		2,041.70		14.28	.001	70.40		.01
RADIOLOGY	49 10 29 14	32		1,386.14		43.32	.000	99.01		.01
ROOM USE	61	80		3,631.13		45.39	.000	.00 .00 125.30 54.85 51.65 70.40 99.01 59.53		.02
CROSSOVERS/ALL OTH OUTPINT	46	119		1,639.68		13.78		35.65		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S M	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC 2002	P	AGE 6,991
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
MENDOCINO COUNTY	SUMMARY OF SERV	VICES FOR 80 TOTAL	CE	CRTIFIED						
							M	ONTHLY AVERA	GE ·	
210,681 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER	(COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	30,466	156,023	\$	20,981,923.43	\$	134.48	.741	\$ 688.70		
COMM HOSP INPATIENT TOTAL	2,478	11,231		16,698,433.90		1486.82 1541.61 1993.40 708.66 211.88	.053			79.26
HSC HOSPITALS	198	1,634		2,518,995.41		1541.61	.008	12722.20		11.96
NON-HSC HOSPITALS TOTAL	1,763 1,642	6,887		13,728,562.61		1993.40	.033	7787.05		65.16
ACCOMMODATIONS	1,642	6,887 6,887		4,880,530.32		708.66	.033	2972.31		23.17
ADMINISTRATIVE DAYS	42	173		36,654.92		211.88	.001	872.74		.17
TRANSITIONAL IP CARE	0	0		302.04		.00	.000	.00		.00
ALL OTHER ACCOM	1 616	6 711		1 913 573 36		721 /1	033	2007 26		22 99

4,843,573.36

8,848,032.29

450,875.88

4,283,489.53

1,006,059.76

.00

721.41

.00

166.37

.00

29.58

52.73

.032

.000

.013

.000

.687

.091

2997.26

5018.74

824.27

146.28

84.10

.00

22.99

42.00

2.14

20.33

4.78

.00

6,714

0

2,710

0

144,792

19,080

1,616

1,763 547

29,282

11,962

0

ALL OTHER ACCOM

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

PATHOLOGY 6,301 8,786 654 556,549,73 12.19 2.17 44.31 2.64 RADIOLOGY 6,301 8,786 639,361.17 72.77 .042 101.47 3.03 ROM USE 13,366 19,345 873,666.46 45.16 .092 65.36 4.15 CROSSOVERS/ALL OTH OUTPINT 13,272 49,177 1,010,285.59 20.54 233 76.12 4.80 652 653 64.15 MINERALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .	SURGERY	2,168	2,740	197,566.82	72.10	.013	91.13	.94
ROOM USE	PATHOLOGY	12,560	45,664	556,549.73	12.19	.217	44.31	2.64
CROSSOVERS/ALL OTH OUTFITT 13,272 49,177 1,010,285.59 20.54 233 76.12 4.80 (STATE HOSPITAL 2 59 \$ 26,031.70 \$ 441.22 .000 \$ 13015.85 \$ 1.12 MENTALLY ILL 0 0 .00 .00 .000 .000 .000 .000 .00	RADIOLOGY	6,301	8,786	639,361.17	72.77	.042	101.47	3.03
STATE HOSPITAL 2	ROOM USE	13,366	19,345	873,666.46	45.16	.092	65.36	4.15
MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 2 59 26,031.70 441.22 .000 13015.85 1.2 6NURSING FACILITY 2,799 82,893 \$ 8,370,941.09 \$ 100.98 .393 \$ 2990.69 \$ 39.73 LEV A-INTERMEDIATE 0 0 .00	CROSSOVERS/ALL OTH OUTPINT		49,177	1,010,285.59	20.54	.233	76.12	4.80
DEVELOF. DISABLED 2 59 26,031.70 441.22 .000 13015.85 .12 6NURSING FACILITY 2,799 82,893 \$ 8,370,941.09 \$ 100.98 .393 \$ 2990.69 \$ 37.73 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 78 2,365 225,422.28 95.32 .011 2890.03 1.07 LEV B-SUBACUTE FREETANDING 12 456 262,077.99 574.73 .002 21839.83 1.24 LEV B-SUBACUTE HSPTL BASED 12 315 190,243.13 603.95 .001 1583.59 .90 LEV B-TRANSITIONAL IP CARE 0 0 .00	@STATE HOSPITAL	2	59	\$ 26,031.70	\$ 441.22	.000	\$ 13015.85	\$.12
## STATE STA	MENTALLY ILL	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	DEVELOP. DISABLED	2	59	26,031.70		.000	13015.85	.12
LEV A-INTERMEDIATE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	@NURSING FACILITY	2,799	82,893	\$ 8,370,941.09	\$ 100.98	.393	\$ 2990.69	\$ 39.73
LEV B-SUBACUTE FREESTANDING 12 456 262,077.99 574.73 .002 21839.83 1.24 LEV B-SUBACUTE HSFTL BASED 12 315 190,243.13 603.95 .001 15853.59 .90 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED 12 315 190,243.13 603.95 .001 15855.59 .90 LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 LEV B-REGULAR 2,698 79,757 7,693,197.69 96.46 .379 2851.44 36.52 @INTERMEDIATE CARE FACILDD 353 10,718 \$ 1,514,358.19 \$ 141.29 .051 \$ 4289.97 \$ 7.19 ICF DDH 280 8,537 1,152,786.45 135.03 .041 4117.09 5.47 ICF DD 0 0 0 .00 .00 .00 .00 .00 ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,332.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 \$ 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	LEV B-REHAB MD	78	2,365	225,422.28	95.32	.011	2890.03	1.07
LEV B-TRANSITIONAL IP CARE 2,698 79,757 7,693,197.69 96.46 .379 2851.44 36.52 @INTERMEDIATE CARE FACILDD 353 10,718 \$ 1,514,358.19 \$ 141.29 .051 \$ 4289.97 \$ 7.19 ICF DDH 280 8,537 1,152,786.45 135.03 .041 4117.09 5.47 ICF DD 0 0 0 .00 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,233.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 \$ 53.40 1.31 VO AND OTHERS 8 14 147.33 10.52 .000 18.42 .000 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	LEV B-SUBACUTE FREESTANDING	12	456	262,077.99	574.73	.002	21839.83	1.24
LEV B-REGULAR 2,698 79,757 7,693,197.69 96.46 .379 2851.44 36.52 @INTERMEDIATE CARE FACILDD 353 10,718 \$ 1,514,358.19 \$ 141.29 .051 \$ 4289.97 \$ 7.19 ICF DDH 280 8,537 1,152,786.45 135.03 .041 4117.09 5.47 ICF DDD 0 0 0 .00 .00 .00 .00 .00 ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 \$ 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .000 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	LEV B-SUBACUTE HSPTL BASED	12	315	190,243.13	603.95	.001	15853.59	.90
@INTERMEDIATE CARE FACILDD 353 10,718 \$ 1,514,358.19 \$ 141.29 .051 \$ 4289.97 \$ 7.19 ICF DDH 280 8,537 1,152,786.45 135.03 .041 4117.09 5.47 ICF DDD 0 0 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 47 17,780.10 378.30 .00 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 19,682.26 \$ 13.44 .007 \$ 145.79 .09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 <td>LEV B-TRANSITIONAL IP CARE</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ICF DDH 280 8,537 1,152,786.45 135.03 .041 4117.09 5.47 ICF DD 0 0 .00 .00 .00 .00 .00 .00 ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 47 17,780.10 378.30 .000 .0445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,170 16,152 2	LEV B-REGULAR	2,698	79 , 757			.379	2851.44	36.52
ICF DD	@INTERMEDIATE CARE FACILDD	353	10,718	\$ 1,514,358.19	\$ 141.29	.051	\$ 4289.97	\$ 7.19
ICF DDN/DDCN 73 2,181 361,571.74 165.78 .010 4953.04 1.72 @HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 53.35 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 <t< td=""><td>ICF DDH</td><td>280</td><td>8,537</td><td>1,152,786.45</td><td>135.03</td><td>.041</td><td>4117.09</td><td>5.47</td></t<>	ICF DDH	280	8 , 537	1,152,786.45	135.03	.041	4117.09	5.47
@HEMODIALYSIS TOTAL 352 3,657 \$ 283,476.20 \$ 77.52 .017 \$ 805.33 \$ 1.35 HOSPITAL BASED 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,3	ICF DD	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED 4 47 17,780.10 378.30 .000 4445.03 .08 HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148	ICF DDN/DDCN	73	2,181	361,571.74	165.78	.010	4953.04	1.72
HEMODIALYSIS CENTER 348 3,610 265,696.10 73.60 .017 763.49 1.26 @REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	@HEMODIALYSIS TOTAL	352	3,657	\$ 283,476.20	\$ 77.52	.017	\$ 805.33	\$ 1.35
@REHABILITATION FACILITY 135 1,464 \$ 19,682.26 \$ 13.44 .007 \$ 145.79 \$.09 HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @CRGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	HOSPITAL BASED	4	47	17,780.10		.000	4445.03	.08
HOSPITAL BASED 6 9 358.67 39.85 .000 59.78 .00 INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	HEMODIALYSIS CENTER	348	3,610	265,696.10	73.60	.017	763.49	1.26
INDEPENDENT FACILITY 129 1,455 19,323.59 13.28 .007 149.80 .09 @LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	@REHABILITATION FACILITY	135	1,464	\$ 19,682.26	\$ 13.44	.007	\$ 145.79	\$.09
@LABORATORY FACILITY 5,178 16,166 \$ 276,233.72 \$ 17.09 .077 \$ 53.35 \$ 1.31 PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	HOSPITAL BASED	6	9			.000	59.78	.00
PATHOLOGY 5,170 16,152 276,086.39 17.09 .077 53.40 1.31 XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	INDEPENDENT FACILITY	129	1,455	19,323.59	13.28	.007	149.80	.09
XO AND OTHERS 8 14 147.33 10.52 .000 18.42 .00 @ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	@LABORATORY FACILITY	5 , 178	16,166	\$ 276,233.72	\$ 17.09	.077	\$ 53.35	\$ 1.31
@ORGANIZED OUTPATIENT CLINIC 62,988 129,399 \$ 11,392,952.58 \$ 88.05 .614 \$ 180.87 \$ 54.08 CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	PATHOLOGY	5 , 170	16,152	276,086.39	17.09	.077	53.40	1.31
CLINIC 1,345 5,148 120,312.83 23.37 .024 89.45 .57	XO AND OTHERS	-				.000	18.42	.00
, , ,	@ORGANIZED OUTPATIENT CLINIC	62 , 988	129,399	\$	\$.614	\$	\$ 54.08
SUBCICENTER 312 1 045 43 591 19 41 71 005 139 72 21	CLINIC	1,345	5,148	120,312.83			89.45	
·	SURGICENTER	312	1,045	43,591.19	41.71	.005	139.72	.21
HEROIN DETOX CLINIC 4 35 446.89 12.77 .000 111.72 .00	HEROIN DETOX CLINIC	4	35	446.89	12.77	.000	111.72	.00

RURAL HEALTH CLINIC 61,908 123,171 11,228,601.67 91.16 .585 181.38 53.30 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 6,992 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MENDOCINO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

MENDOCINO COUNTI	SUMMAKI OF SEK	VICES FOR 60 IOI	АБ С	LL.	TIFIED					
							MC			
210,681 ELIGIBLES	USERS	UNITS OF SERVIC			EXPENDITURES		UNITS/DAYS	S C	OST PER	COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER	ELIGIBLE
@ALL OTHER PROVIDERS	19,864	634 , 047	\$		4,346,675.91	\$	3.010	\$	218.82	\$ 20.63
DURABLE MED. EQUIP.	1,212	5 , 209			740 , 050.76	142.07	.025		610.60	3.51
BLOOD BANK	0	0			.00	.00	.000		.00	.00
HEARING AID DISPENSERS	131	222			26 , 793.71	120.69	.001		204.53	.13
MEDICAL TRANSPORTATION	1,832	85 , 923			820,393.68	9.55	.408		447.81	3.89
AMBULANCES/AIR TRANS	1,097	24,942			402,571.59	16.14	.118		366.98	1.91
OTHER TRANS	196	51,203			115,866.53	2.26	.243		591.16	.55
OTHER SERVICES	697	9,778			301,955.56	30.88	.046		433.22	1.43
ACUPUNCTURE	2 , 988	7,454			127,353.65	17.09	.035		42.62	.60
ADULT DAY HEALTH CARE CTR	357	3,754			249,097.35	66.36	.018		697.75	1.18
GENETIC DISEASE TESTING	620	622			49,681.00	79.87	.003		80.13	.24
IHMC, MODEL-NF, NF, AIDS, MSSP	2,766	23 , 067			1,180,819.74	51.19	.109		426.91	5.60
OCCUPATIONAL THERAPIST	12	86			1,261.78	14.67	.000		105.15	.01
OPTICIAN	2,551	6,269			74,049.24	11.81	.030		29.03	.35
PHYSICAL THERAPIST	553	5,019			74,717.53	14.89	.024		135.11	.35
PORTABLE X-RAY	6	10			142.47	14.25	.000		23.75	.00
PROSTHETIST/ORTHOTISTS	243	742			92,879.89	125.18	.004		382.22	.44
PROSTHETICS	185	674			89,009.84	132.06	.003		481.13	.42
ORTHOTICS	58	68			3,870.05	56.91	.000		66.73	.02
PSYCHOLOGIST	36	59			2,834.58	48.04	.000		78.74	.01
SPEECH AND AUDIOLOGY	486	1,331			101,257.65	76.08	.006		208.35	.48
HOSPICE SERVICES	7	103			11,069.27	107.47	.000		1581.32	.05
NONINST BIRTHING CENTERS	0	0			.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	4,542	38 , 651			442,379.96	11.45	.183		97.40	2.10
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	3 , 827	455 , 526			351,893.65	.77	2.162		91.95	1.67
@CALIF. CHILDREN SERVICES*	1,383	15,650	\$		3,074,899.59	\$ 196.48	.074	\$	2223.35	\$ 14.60
@XOVER EXCLUDING STATE HOSP**	10,887	105,531	\$		1,541,227.90	\$ 14.60	.501	\$	141.57	\$ 7.32

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.